Section 2 - 1 : Outputs

Section 2 - 1.1 : Forms

Section 2 - 1.1.1 : Certification Record

Section 2 - 1.1.2 : Civil Rights Complaint Form

Section 2 - 1.1.3 : Program Request Form

Section 2 - 1.1.4 : Ineligibility Notice

Section 2 - 1.1.5 : Rights and Obligations/Responsibilities

Section 2 - 1.1.6 : Proxy Form

Section 2 - 1.1.7 : Verification of Certification

Section 2 - 1.1.8 : Voter Registration Questionnaire

Section 2 - 1.1.9 : CSF Program Referral Notice

Section 2 - 1.1.10 : CSF Notice to Reapply

Section 2 - 1.1.11 : Waiting List Notification

Section 2 - 1.1.12 : Waiting List Enrollment Notification

Section 2 - 1.1.13 : Program Counseling/Disqualification

Section 2 - 1.1.14 : Appeal Procedures

Section 2 - 1.1.15 : Appeal Procedures

Section 2 - 1.1.16 : Waiver Form

Section 2 - 1.1.17 : Proof of Residency/ID

Section 2 - 1.2 : Labels

Section 2 - 1.2.1 : Mailing Labels

Section 2 - 1.3 : Reports

Section 2 - 1.3.1 : Breastfeeding by Sociodemographics ** ADHS Disabled on Menu 08/04/09 **

Section 2 - 1.3.2 : Pregnant/Postpartum by Sociodemographics

Section 2 - 1.3.3 : Breastfeeding Duration (Postpartum Support) ** ADHS Disabled on Menu 08/04/09 **

Section 2 - 1.3.4 : Number of Breastfeeding Contacts by Contact Method ** ADHS disabled on menu 08/04/09 **

Section 2 - 1.3.5 : Annual Breastfeeding Duration

Section 2 - 1.3.6 : Reasons Stopped Breastfeeding ** ADHS disabled on menu - 08/04/09 **

Section 2 - 1.3.7 : Breastfeeding by Age Report

Section 2 - 1.3.8 : Nutrition Education Monitoring

Section 2 - 1.3.9 : Second Nutrition Education Contact

Section 2 - 1.3.10 : Income Documentation

Section 2 - 1.3.11 : Food Packages by Category

Section 2 - 1.3.12 : Formula Usage

Section 2 - 1.3.13 : LA Infant Formula Report

Section 2 - 1.3.14 : Alcohol and Drug Prevalence

Section 2 - 1.3.15 : Nutritional Risks by Category

Section 2 - 1.3.16 : Entry into WIC by Women

Section 2 - 1.3.17 : Client Transfers

Section 2 - 1.3.18 : Dual Enrollment / Participation

Section 2 - 1.3.19 : WIC Ethnic Group Participation ** ADHS disabled on menu - 08/04/09 **

Section 2 - 1.3.20 : High Risk Participants

Section 2 - 1.3.21 : Pregnant Participants

Section 2 - 1.3.22 : Priority 1, 2, 3

Section 2 - 1.3.23 : Terminations
Section 2 - 1.3.24 : Transactions .......................................................... 209
Section 2 - 1.3.25 : Services Due ......................................................... 214
Section 2 - 1.3.26 : Conditional Certifications ..................................... 218
Section 2 - 1.3.27 Services Scheduled / Kept by Category ................. 221
Section 2 - 1.3.28 : High Risk Appointments Scheduled ...................... 224
Section 2 - 1.3.29 Monitoring Visits Scheduled .................................... 228
Section 2 - 1.3.30 : List of Missed Appointments ................................. 233
Section 2 - 1.3.31 Precertified New Enrollments Report (Formerly the Producing a Federal Time Line Processing Standards Report) .............................................................. 238
Section 2 - 1.3.32 : Ineligibility Listing ............................................... 242
Section 2 - 1.3.33 : Income Eligibility ............................................... 247
Section 2 - 1.3.34 : Incomplete/Precertification Listing ....................... 251
Section 2 - 1.3.35 : Referrals To Listing ............................................. 255
Section 2 - 1.3.36 : Local Agency Wait Listed Applicants ....................... 259
Section 2 - 1.3.37 : Improvement Rate at Re-Certification Visit by Risk .... 263
Section 2 - 1.3.38 : CSFP Distribution Master Listing ........................... 267
Section 2 - 1.3.39 : Follow-Up Assessment .......................................... 271
Section 2 - 1.3.40 : CSFP Certifications Due ........................................ 278
Section 2 - 1.3.41 : Low Birth Weight .................................................. 282
Section 2 - 1.3.42 : Nutritional Risk By Race ....................................... 290
Section 2 - 1.3.43 : Initial Assessment by Race and Age ....................... 294
Section 2 - 1.3.44 : Participation By Food Package ............................... 301
Section 2 - 1.3.45 : Pending Food Package Approval ............................. 305
Section 2 - 1.3.46 : Racial/Ethnic Participation ** ADHS removed from menu – 08/04/09 ** 308
Section 2 - 1.3.47 : Unduplicated Count of Participants By Program .......... 312
Section 2 - 1.3.48 : Smoking Status at 6 Months Post-partum by Age and Race ................................. 316
Section 2 - 1.3.49 : Birth Weight by Trimester Enrolled and Smoking Status ........................................ 321
Section 2 - 1.3.50 : Smoking Status at 6 months Post-partum by Type of Intervention ........ 326
Section 2 - 1.3.51 : Smoking Status at 6 months Post-partum by Number of Previous Live Births and whether ever on WIC Before ................................................................. 329
Section 2 - 1.3.52 : Smoking Status at 6 months Post-partum by Birth Weight .......... 333
Section 2 - 1.3.53 : Smoking Status at 6 months Post-partum by Education and Income336
Section 2 - 1.3.54 : Smoking Status by 6 months Post-partum by How Many Cigarettes Smoked Before Pregnancy ................................................................. 340
Section 2 - 1.3.55 : Smoking Status at 6 months Post-partum by Prior Miscarriage and Living with a Smoker .............................................................................. 344
Section 2 - 1.3.56 : Smoking Status at 6 months Post-partum by Type of Intervention .. 348
Section 2 - 1.3.57 : Among Smokers Change in Stage of Readiness to Change........... 351
Section 2 - 1.3.58 : Birth Weight By Mother’s Smoking Status, Age, and Baby’s Gestational Age 355
Section 2 - 1.3.59 : Breastfeeding Duration Compared to Smoking Cessation Duration 358
Section 2 - 1.3.60 : 2 x 2 Tables to Show relapse at Different Points in Time .......... 362
Section 2 - 1.3.61 : Caseload Plus Categories ...................................... 368
Section 2 - 1.3.62 : Duplicate Records Report ....................................... 374
Enrollment and Certification

Section 2 - 1 : Outputs

Section 2 - 1.1 : Forms

Section 2 - 1.1.1 : Certification Record

Priority: Required

Window: Certification Record

Report: Yes

FSRD Reference: EP9.1

Narrative:

This window lists current certification information and backup purposes for verification.

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.1.1.1: Certification Record Criteria

Figure 175 - Certification Record Criteria

Fields:

Output Device - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
Filename - The user enters the name of a file that the report is to be saved to. This field is optional.
Number of Copies - The user enters the number of copies of this report to be generated. This field is optional, the default is one.
Family /Client - The user may choose to select by Family or by Participant.
Family ID - The user may enter the Family ID to be queried on. This field can be selected from a list of values. For more information, refer to the Family Information window.
Client Id From/Thru - Drop down lists that allow the user to select the beginning and ending sequential Part. Id numbers to be queried on.

Push Button(s):

Previous – Displays the previous page of the report being previewed.
Next – Displays the next page of the report being previewed.
Run Report – Clicking on this button allows the user to run the report.
Cancel – Clicking on this button allows the user to cancel the report.
**Section 2 - 1.1.1.2**  : Certification Record Form

**WIC / CSF Certification Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family ID:</td>
<td>ZZZZZZZ9</td>
</tr>
<tr>
<td>Client ID:</td>
<td>ZZZZZZ9</td>
</tr>
<tr>
<td>Clinic:</td>
<td>XX XXXXXXXXX</td>
</tr>
<tr>
<td>Authorized Representative 1</td>
<td>XXXXX, XXXXX</td>
</tr>
<tr>
<td>Authorized Representative 2</td>
<td>XXXXX, XXXXX</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>ZZ9 XXXXXXXXXXXXXXXXXXXX, XX ZZZZ9</td>
</tr>
<tr>
<td>Street Address:</td>
<td>ZZ9 XXXXXXXXXXXXXXXXXXXX, XX ZZZZ9</td>
</tr>
<tr>
<td>Family Size:</td>
<td>Z</td>
</tr>
<tr>
<td>Family Members on WIC</td>
<td>Z</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>(ZZZ) ZZ-ZZZ9</td>
</tr>
<tr>
<td>Language:</td>
<td>XXXXXXXXXXXXXXXXXXXX</td>
</tr>
<tr>
<td>Disability:</td>
<td>X</td>
</tr>
<tr>
<td>Military:</td>
<td>X</td>
</tr>
<tr>
<td>Migrant:</td>
<td>X</td>
</tr>
<tr>
<td>Homeless:</td>
<td>X</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>ZZ9 XXXXXXXXXXXXXXXXXXXX, XX ZZZZ9</td>
</tr>
<tr>
<td>Street Address:</td>
<td>ZZ9 XXXXXXXXXXXXXXXXXXXX, XX ZZZZ9</td>
</tr>
<tr>
<td>Birth Date:</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>Gender:</td>
<td>X</td>
</tr>
<tr>
<td>Ethnic Group:</td>
<td>XXXXXXXXXXXXXXXXXXXX</td>
</tr>
<tr>
<td>Application Date:</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>Certification Date:</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>Certification End Date:</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>Prepregnancy Wt:</td>
<td>ZZ9 lbs. ZZ Oz</td>
</tr>
<tr>
<td>Height:</td>
<td>ZZ'ZZ&quot;</td>
</tr>
<tr>
<td>Weight Gain:</td>
<td></td>
</tr>
<tr>
<td>Bloodwork Date:</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>Hemoglobin:</td>
<td>ZZ</td>
</tr>
<tr>
<td>Hematocrit:</td>
<td>ZZ</td>
</tr>
<tr>
<td>EDD:</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>Delivery Date:</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>Prenatal Care Began:</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>Breastfeeding Now?:</td>
<td>X</td>
</tr>
<tr>
<td>Previous Live Births:</td>
<td>ZZ</td>
</tr>
<tr>
<td>Previous Pregnancies:</td>
<td>ZZ</td>
</tr>
<tr>
<td>Infant Condition at Birth:</td>
<td>XXXXXXXXXXXXXXXXXXXX</td>
</tr>
<tr>
<td>Infant Condition - PP:</td>
<td>XXXXXXXXXXXXXXXXXXXX</td>
</tr>
<tr>
<td>Pick Up Day:</td>
<td>XXXXXXXXXXXXXXXXXXXX</td>
</tr>
<tr>
<td>Pick Up Interval:</td>
<td>XXXXXXXX</td>
</tr>
<tr>
<td>Food Package:</td>
<td>XX XXXXXXXX XXXX</td>
</tr>
<tr>
<td>Risk Factors:</td>
<td>XX XXXXXXXX XXXX</td>
</tr>
<tr>
<td></td>
<td>XXXXXXXXXXXX XXXX</td>
</tr>
<tr>
<td>Goals:</td>
<td>XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX</td>
</tr>
<tr>
<td></td>
<td>XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX</td>
</tr>
<tr>
<td></td>
<td>XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX</td>
</tr>
<tr>
<td>Referrals:</td>
<td>XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX</td>
</tr>
</tbody>
</table>

**Figure 176** – Certification Record Report
Sort Criteria:

Family ID
Participant ID

Background Process(es):

The title of the form changes to either ‘WIC Certification Information’ or ‘CSF Certification Information’ depending on the program that the participant is currently certified for. Only risk factors and goals selected to be printed on the care plan are printed on the Certification Record. A child’s (infants > 6 mo. Through C4) certification that undergoes an End of Day (EOD) category change due to a birthday, displays the original date of the certification, the original anthropometric date, and blood-work date (prior to EOD category change) on the Certification Record.

The generation of this form is logged in the Participant’s record as a communication.
Enrollment and Certification

Section 2 - 1.1.2 : Civil Rights Complaint Form

Priority: Required

Window: Civil Rights Complaint Form

Report: Yes

FSRD Reference: EP9.1

Narrative:

This window allows the CNW to collect the required information to generate a standard civil rights complaint form.

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.1.2.1 : Civil Rights Complaint Form Criteria

Figure 177 – Civil Rights Complaint Form Criteria

Fields:

**Part. ID** – The unique identification number to identify a Participant. Double clicking on this field will invoke the Participant/Family search function which can be utilized to retrieve Participant information. This field is mandatory.

**Last Name** – The last name of the participant. This field is display only.

**First Name** – The first name of the participant. This field is display only.

**MI 1** – The first middle initial of the Participant. This field is display only.

**MI 2** – The second middle initial of the Participant. This field is display only.

**Anonymous** – A check box that indicates that the Participant wishes to remain anonymous, and the Name, address, and phone of the complainant are not filled in by the system.
Section 2 - 1.1.2.2 : Civil Rights Complaint Form

WIC/CSFP Civil Rights Complaint Form

Directions: You have 180 days (6 months) to file a complaint. Fill out the information below. The starred lines are mandatory.

Mail To: USDA / Director / Office of Civil Rights
Room 326-W
Whitten Building
14th and Independence Avenue, SW
Washington, DC 20250

Name of Complainant: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Address of Complainant: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Phone of Complainant: (zzz) zzz-zzzz

*Name of Agency: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

*Address of Agency: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

*Phone of Agency: (zzz) zzz-zzzz

Person writing complaint: ____________________________________________
(if different than complainant)

Basis of discrimination (circle all those that you feel apply)

Race Color National Origin Age Sex Handicap

Names, addresses, and phone numbers of any other persons with knowledge of incident(s):

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

*Date of Incident: ____________________________________________

*Describe incident (use back of form and include details):

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Figure 178 – Civil Rights Complaint Form
Sort Criteria:

None.

Calculation(s):

None.

Background Process(es):

The generation of this form is logged in the Participant’s record as a communication.
Enrollment and Certification

Section 2 - 1.1.3 : Program Request Form

Priority: Required

Window: Program Request Criteria

Report: Yes

FSRD Reference: EP9.1

Narrative:

This window is used to generate the program request form which is utilized to gather a participant's consent for the WIC program to release medical information.

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.1.3.1: Program Request Form Criteria

Figure 179 – Program Request Form Criteria

*Fields:*

**Part. Id** – The identification number of the Participant for whom the program request form is being generated. This field is mandatory.

**First Name** – The name of the Participant is displayed here.

**Last Name** – The last name of the Participant is displayed here.

**MI 1** – The first middle initial of the Participant is displayed here.

**MI 2** – The second middle initial of the Participant is displayed here.
Section 2 - 1.1.3.2 : Program Request Form – Infant / Child

Arizona WIC Program Referral/Information Request Form – Infant and Child

Name: ___________________________ Birth date: __________________

Name of parent or guardian: ____________________________________________

Consent
I authorize the release of all medical information to the WIC Program.
Yo autorizo la divulgación de toda mi información médica al Programa de WIC.

Parent/Guardian Signature: ______________________ Date: ______

Medical Information Requested

Date of Measurements ______ Weight ______ Height ______ Hgb/Hct ______

Gestational Age________

Medical Conditions:
☐ Failure to thrive
☐ Premature Infant
☐ Cystic Fibrosis
☐ Intolerance / Allergy to __________________________
☐ IUGR/low weight
☐ Other: __________________________

Formula Requested

1. Formulas tried and specific reactions:
   ☐ Similac Advance
   ☐ Similac Isomil Advance
   ☐ Similac Sensitive
   ☐ Others

2. Formula Name: __________________________

3. Form (circle one): POWDER READY to FEED CONCENTRATE
   (Powder will be provided if one is not circled)

4. Length of Issuance: __________________________

5. Medical reason for formula: __________________________

6. Special instructions: __________________________

Medical Provider:

Signature __________________________ Date __________________________

Printed Name/Title __________________________ Telephone __________________________

Figure 180 – Program Request Form – Infant / Child
Section 2 - 1.1.3.3  Program Request Form – Pregnant, Breastfeeding, Postpartum Women

Arizona WIC Program Referral/Information Request Form - Woman

Name: ____________________________  Birth date: ____________________________

Consent
I authorize the release of all medical information to the WIC Program.
Yo autorizo la divulgación de toda mi información médica al Programa de WIC.

Patient Signature: ____________________________  Date: ____________________________

Medical Information Requested

Expected Delivery Date __________  Hgb/Hct __________  Date of Hgb/Hct __________

Medical Conditions: ___________________________________________________________

Problems During Past Pregnancies (not including current):
________________________________________________________

Current Pregnancy Information Requested

Pregnancy Issues:
☐ Nausea  ☐ Gestational Diabetes  
☐ Vomiting  ☐ Low Weight Gain
☐ Constipation  ☐ Other: ____________________________

Problem During This Pregnancy:
________________________________________________________

Multiple Gestation: Yes _____ No _____  If yes, how many? __________

Anticipated or Actual C-Section?  Yes _____ No _____

Additional Information: _________________________________________________________

Medical Provider:

__________________________________________  ____________________________
Signature  Date

Printed Name/Title  ____________________________  Telephone

Figure 181 – Program Request Form – Pregnant, Breastfeeding, Postpartum Women
Sort Criteria:

None

Calculation(s):

None.

Background Process(es):

Depending on the age of the participant the system selects either the Women or Infant/Child Program Request form. The generation of this form is logged in the Participant’s record as a communication.
Enrollment and Certification

Section 2 - 1.1.4 : Ineligibility Notice

Priority: Required

Window: Ineligibility Notice

Report: Yes

FSRD Reference: EP9.1

Narrative:

This window allows the user to request the generation of an ineligibility notice. In most cases this would be a report of an already produced notice through either the End of Day process or generated by the system while certifying the participant.

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.1.4.1: Ineligibility Notice Criteria

Fields:

Language – The language the notice should be printed in, either English or Spanish. This field is mandatory.

Fields (Participant section)

Part. Id – The unique identification number to identify a Participant. This field is mandatory.
Last Name – The last name of the Participant selected. This field is display only.
First Name – The first name of the Participant. This field is display only.
MI 1 – The first middle initial of the Participant. This field is display only.
MI 2 – The second middle initial of the Participant. This field is display only.
Ineligibility Reason – The reason that the Participant is ineligible. This field is display only.
Section 2 - 1.1.4.2: Ineligibility Notice Form – English

**ARIZONA WIC/CSF PROGRAMS**
**NOTIFICATION OF INELIGIBILITY**

**Applicant Name:**

---

You have been found ineligible to participate in the WIC □ or CSF □ (check only one) Program for the following reasons:

- WIC: XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX
- CSF: XXX XXX XXX XXX XXX XXX XXX

---

Health and/or Public Assistance Program referral made: yes □ no □

---

If any of the above change, you may reapply for assistance.

If you do not agree with this decision and wish to appeal, your appeal request must be submitted in writing within sixty (60) calendar days of receiving this notice. The request must include the facts you believe entitle you to relief, and the relief sought.

You may request a show cause meeting or a fair hearing.

A SHOW CAUSE MEETING is an informal meeting between you, the Local Agency Director, the Local Agency's staff involved and a State Agency representative, who will preside over the meeting, concerning the Local Agency's action. A decision is made at the end of the meeting.

To request a show cause meeting, submit the request to:

Local Agency WIC Director
Administrative Office of the Local WIC Agency where you receive benefits
(Call 1-800-222-2242 for specific name and address)

If you do not wish to request a show cause meeting, you may request a FAIR HEARING. A fair hearing may also be requested when a participant or an authorized representative disagrees with the decision of a show cause meeting. A fair hearing is an administrative hearing before an administrative law judge, and a decision is made within forty-five (45) calendar days following the initial request for the hearing. You have thirty (30) days from the date of receipt of the letter to request a fair hearing.

At a fair hearing, you have the right to self-representation or be represented by a relative, friend, legal counsel or other spokesperson. You have the right to bring witnesses. The participant is entitled to introduce arguments, question or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses, as well as submit evidence to support their case.

To request a fair hearing, submit your request to:

Arizona Department of Health Services
Office of the Director
1740 W. Adams, Room 407
Phoenix, AZ 85007

In addition to the fair hearing, pursuant to A. R. S. § 341-1022.06, you have the right to request an INFORMAL SETTLEMENT CONFERENCE. If you request an informal settlement conference, the agency shall hold the conference within fifteen (15) calendar days after receiving the request. This request must be filed no later than thirty (30) calendar days before the fair hearing.

To request for an informal settlement conference, submit the request in writing to:

Arizona Department of Health Services
Office of Nutrition Services - Room 203
WIC Director
1740 W. Adams, Room 407
Phoenix, AZ 85007

If you choose to appeal, you will receive Program benefits during the appeal process until the hearing officer reaches a decision or the certification period ends whichever comes first.

The United States Department of Agriculture (USDA) prohibits discrimination in its programs on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA’s TDD Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

For participants in a valid certification period only:

Participants are advised in writing fifteen (15) calendar days prior to the end of program benefits. Your WIC Program benefits will end on ____________________________

Applicant/Spouse signature: ______________________ Date: ______________________

Clinic Staff signature: ______________________ Date: ______________________

Figure 183 – Notification of Ineligibility – English
Section 2 - 1.1.4.3  : Ineligibility Notice Form – Spanish

PROGRAMAS DE WIC/CSF DE ARIZONA
AVISO DE INELEGIBILIDAD

Nombre del Soliciente: XXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXX

La(s) Razon(es) que usted no es elegible para participacion en el Programa de WIC o CSFG (marque solo uno) debido a las sigulentes razones:

WIC                             CSFP
G No es elegible en esta categoria
G Su sueldo excede las normas
G No se identific un riesgo nutritivo
G Usted esta participando actualmente en el Programa de CSFP
G Otra razon

Solicitante remitido (referida) a Programa de Salud (Health) o Asistencia Publica (Public Assistance): G si  G no

Si ocurre un cambio en las situaciones mencionadas arriba, es posible solicitar los servicios de nuevo.

Si usted desea apelar esta decision, se deber solicitar una audencia o una reunion informal (para mostrar causa) dentro de 60 dias de la fecha formulario. El personal de la agencia local le puede asistir en su solicitacion escrita.

Una solicitacion para un audiencia se deber enviar al director de la agencia local.

Si usted desea, puede ser representado por un familiar, una amistad, un concilio legal u otro portavoz. A pesar de que usted tiene el derecho a un concilio legal, este servicio seria a su gasto. No se le proveer un abogado.

WIC es un programa de oportunidad igual. Si una persona piensa que sa ha discriminado en contra de l por razon raza, color, origen nacional, sexo, edad, o inhabilidad, deber escribir al Secretary of Agriculture, United States Department of Agriculture, Washington, D.C. 20250.

Firma del solicitante/guradian:_________________________________________Fecha:
Firma del Representante dela clinica:____________________________________Fecha:

Figure 184 – Notification of Ineligibility – Spanish
Sort Criteria:

Distribution Site  
Participant ID

Calculation(s):

None.

Background Process(es):

Generating this form does not automatically terminate the participant, rather the system reads the termination reason from the Termination window and displays the reason on this notice (For English). When produced in Spanish the termination reason is not filled in, rather the user must check the termination reason that is displayed on the parameter form. This form is produced through the end of day process 6 weeks prior to the end of the certification period for CSF participants that will no longer be categorically eligible. Upon printing the form, all the client’s appointments for that day will be updated as ‘Kept’.

The generation of this form is logged in the Participant’s record as a communication.
Enrollment and Certification

Section 2 - 1.1.5 : Rights and Obligations/Responsibilities

Priority: Required

Window: Rights and Obligations/Responsibilities

Report: Yes

FSRD Reference: EP9.1

Narrative:

This window allows the user to enter information (the family unit) in order to generate a better detailing of the participant rights and obligations, and document signatures of authorized representatives.

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.1.5.1: WIC Program Rights and Obligations Criteria

![Figure 185 – Rights and Obligations/Responsibilities](image)

**Fields:**

**Language** – The language the notice should be printed in, either English or Spanish. This field is mandatory.

**Program** – The Program the notice should be printed in, either ‘WIC Rights and Obligations’ or ‘CSFP Rights and Responsibilities’. This field is mandatory.

**Fields (Family section):**

**Family ID** – A unique, system generated identifier for the family/economic unit. This field is mandatory and an be chosen from a list of values. For more information, refer to the Family Information window.

**Auth Rep Last Name** – The last name of the first authorized representative. This field is display only.

**Auth Rep First Name** – The first name of the first authorized representative. This field is display only.

**MI 1** – The first middle initial of the first authorized representative. This field is display only.

**MI 2** – The second middle initial of the first authorized representative. This field is display only.

**Fields (Participant section):**

**Client Id** – The unique identification number for a Participant. This field is display only.

**Last Name** – The last name of the Participant. This field is display only.

**First Name** – The first name of the Participant. This field is display only.

**MI 1** – The first middle initial of the Participant. This field is display only.

**MI 2** – The second middle initial of the Participant. This field is display only.
**Birth Date** – The birth date of the Participant. This field is display only.
**Category** – The current category of Participant. This field is display only.
**Section 2 - 1.1.5.2 : WIC Program Rights and Obligations Form – English**

My total household income is: ____________________________

**Type of documentation provided for...**

<table>
<thead>
<tr>
<th>Participant's total household income</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant's identification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participant's residence address</td>
<td></td>
<td></td>
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</tbody>
</table>

**WIC Program Rights and Obligations**

- I have been given a copy of and understand my rights and obligations as a WIC participant.
- I understand that I may request, in writing, that my child's or my WIC information be sent to other healthcare programs.
- I understand that a person cannot be in two WIC and/or Commodity Supplemental Food (CSF) Programs at the same time.
- The information I have given WIC is true to the best of my knowledge. I understand that WIC staff may check the information I am giving them. If I give false information, I understand that I may be prosecuted under State and Federal law, and may have to repay the government.

**NOTE:** If you want to appeal any adverse action, you must request an informal settlement conference and/or a fair hearing. Local agency staff will assist you to file a request for an informal settlement conference or a fair hearing.

A request for an informal settlement conference must be postmarked or hand-delivered to the Local Agency Director, within twenty (20) calendar days of the receipt of the adverse action to WIC Director, 150 N. 18th Ave., Suite 310, Phoenix, AZ 85007.

A request for a fair hearing must be postmarked or hand-delivered within sixty (60) calendar days of the receipt of the adverse action to Clerk of the Department, Arizona Department of Health Services, 150 N. 18th Ave., Suite 600, Phoenix, AZ 85007.

If you choose, a relative, friend, legal counsel or other spokesperson may represent you. Although you have the right to be represented by legal counsel, this must be at your own expense. An attorney will not be provided for you.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

<table>
<thead>
<tr>
<th>Family ID #</th>
<th>Participant Name</th>
<th>Participant ID #</th>
<th>Weight</th>
<th>Height</th>
<th>Hgb</th>
<th>Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Your signature says you understand the above information, and it is accurate. Your signature will cover completion of this WIC certification period from ___/___/___ to ___/___/___.

Signature of Authorized Representative 1: ____________________________ Date: ____________________________

Signature of Authorized Representative 2: ____________________________ Date: ____________________________

Signature of certifier: ____________________________ Signature of Income Verifier (if different): ____________________________ Date: ____________________________

**Figure 186 – WIC Program Rights and Obligations Form – English**
Section 2 - 1.1.5.3: WIC Program Rights and Obligations Form – Spanish

El ingreso total de un lugar es:

Tipo de documentación proporcionada para verificar:
- El ingreso total del lugar del Participante
- La identidad del Participante
- El domicilio del Participante

Derechos y Obligaciones en el Programa WIC
- He recibido una copia de, y entendido, mis derechos y obligaciones como partícipante del programa WIC.
- Entiendo que se puede solicitar por escrito que los datos sobre WIC de mi hijo(a) o los míos se envíen a otros programas de cuidado de salud.
- Entiendo que una persona no puede participar en dos programas de WIC o Programa de Productos Alimenticios Suplementarios (CSPF) al mismo tiempo.
- La información que he proporcionado a WIC se recibirá hasta donde se entienda. Entiendo que el personal de WIC puede verificar la información que he presentado. Comprendo que al enviar información a menudo puedo ser juzgado bajo la ley Federal o Estatal y quizás tenga que devolver el dinero al gobierno.

NOTA: Si usted desea apelar esta decisión, deberá solicitar una audiencia o una conferencia de acuerdo informal y/o una junta imparcial. El personal de la agencia local le ayudará a preparar su petición para una conferencia de acuerdo informal y/o una junta imparcial.

La solicitud para una conferencia de acuerdo informal se debe enviar por correo con sobre postal o entregar a mano al Director de la Agencia Local dentro de veinte (20) días de la fecha en la que se decidió a Director de WIC, 150 N. 18th Avenue, Suite 310, Phoenix, AZ 85007.

La solicitud para una junta imparcial se debe enviar por correo con sobre postal o entregar a mano dentro de veinte (20) días de la fecha en la que se decidió a Secretaría del Departamento de Servicios de Salud de Arizona, 150 N. 18th Avenue, Suite 500, Phoenix, AZ 85007.

Si usted desea, puede ser representado por un familiar, una entidad, un asesor legal u otro portavoz. A pesar de que usted tiene el derecho a un asesor legal, este servicio será a cargo suyo. No se le proveerá un abogado.

De acuerdo con la Ley Federal y la política del Departamento de Agricultura de los EE.UU., esta institución prohíbe la discriminación con base en la raza, color, nacionalidad, género, edad o incapacidad.

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Civil Rights, Whitten Building, 1400 Independence Avenue, S.W., Washington, DC 20250-9410, o al número telefónico (800) 795-3272 o (202) 720-6382 (TTY). USDA es un proveedor y empleador que ofrece igualdad de oportunidad.

<table>
<thead>
<tr>
<th>Número de Identificación de la Familia</th>
<th>Nombre del Participante</th>
<th>Número de Identificación del Participante</th>
<th>Peso</th>
<th>Estatura</th>
<th>Hgb</th>
<th>Representante Autorizado</th>
<th>Iniciales</th>
<th>Fecha</th>
</tr>
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<tbody>
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</tr>
</tbody>
</table>

Con su firma declara que entiendo la información mencionada anteriormente y que es exacta. Su firma cubre el consentimiento para revisar información hasta el final de este periodo de certificación de WIC a partir de ______/____/______ a ______/____/______.

Firma del 1er Representante: ___________________________ Fecha: ___________________________
Firma del 2do Representante: ___________________________ Fecha: ___________________________
Firma y título del Certificador: ___________________________ Fecha: ___________________________

Revisado 11/07

Figura 187 – WIC Program Rights and Obligations Form – Spanish
Section 2 - 1.1.5.4 : CSFP Rights and Responsibilities Form – English

ARIZONA COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)

Applicant Name: __________________________
Participant ID: __________________________

Documentation Provided

My total household income is: __________________________
Type of document of participant's household income: __________________________
Type of document for participant's identification: __________________________
Type of document for participant’s residence: __________________________

RIGHTS AND RESPONSIBILITIES

• I have been given a copy of, and understand, my rights and responsibilities as a CSFP participant.
• I understand that the local agency administering the CSFP Program will make nutrition education available to all adult participants, and to parents or caretakers of child participants.
• The local agency will provide notification, in writing, of a decision to deny or terminate CSFP benefits, and of my right to appeal this decision.
• The local agency will provide information on other nutrition, health or assistance programs, and make referrals as appropriate.

This application is being completed in connection with receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I am also aware that I may not receive both CSFP and WIC benefits simultaneously, and I may not receive CSFP benefits at more than one CSFP site at the same time. Furthermore, I am aware that the information provided maybe shared with other organizations to detect and prevent dual participation. I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.

I authorize the release of information provided on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes. (Please indicate decision by placing a checkmark in the appropriate box.)

YES [ ]
NO [ ]

Participant Signature: __________________________ Date: __________________________

Certification Period: __________________________

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 or (TDD) 720-6382. USDA is an equal opportunity provider and employer.

Figure 187-1 – CSFP Rights and Responsibilities Form – English
Section 2 - 1.1.5.5 : CSFP Rights and Responsibilities Form – Spanish

PROGRAMA DE PRODUCTOS ALIMENTICIOS SUPLEMENTARIOS DE ARIZONA (CSFP)

Nombre del Solicitante:
Identificación del Participante:

Documentación Entregada

El ingreso total en mi hogar:
Tipo de documento de prueba de ingresos del participante
Tipo de documento para identificación del participante
Tipo de documento de prueba de residencia del participante:

DERECHOS Y RESPONSABILIDADES

- Recibí una copia de y comprendo, mis derechos y responsabilidades como participante del Programa CSFP.
- Entiendo que la agencia local que administra el Programa CSFP pondrá la educación sobre nutrición a disposición de todos los participantes adultos, o bien de los padres o encargados del cuidado de los participantes menores de edad.
- La agencia local enviará escritos, por escrito, sobre cualquier decisión de negar o suspender los beneficios del CSFP, así como sobre mi derecho de apelar esta decisión.
- La agencia local proporcionará información sobre otros programas de nutrición, de salud o asistencia y dará las recomendaciones apropiadas.

Esta solicitud se está llenando para recibir asistencia federal. Los administradores del programa pudieran verificar la información que aparece en este formulario. Estoy consciente de que si presento información falsa, de forma intencional, me expongo a ser a una acción judicial bajo los estatutos estatales y federales que se apliquen. También estoy consciente de que quizás no recibir los beneficios de CSFP y WIC de manera simultánea, y podré no recibir beneficios de CSFP en más de un sitio CSFP en el mismo tiempo. Es más, estoy consciente de que la información que estoy dando puede ser compartida con otras organizaciones para detectar y prevenir una doble participación. Se me ha informado sobre mis derechos y obligaciones bajo el programa. Yo certifico que la información que he proporcionado para la determinación de mi elegibilidad es correcta hasta donde yo se.

Yo autorizo que se revele la información que aparece en esta forma de solicitud, a otras organizaciones que administren el programa de asistencia, para que se use en la determinación de mi elegibilidad para la participación en otros programas de asistencia pública y para propósitos de programa promoción de servicios sociales. (Por favor indique la decisión marcando una cruz en el cuadro apropiado)

SÍ [ ]
NO [ ]

Firmas del Participante: _______________________________ Fecha__________

Periodo de Certificación: _______________________________
De acuerdo con la política de la ley federal y el Departamento Federal de Agricultura, esta institución tiene prohibido discriminar con base en la raza, color, origen nacional, sexo, edad o discapacidad.

Para presentar una queja por discriminación, escriba a USDA, Director, Office of Civil Rights, 1400
Independence Avenue, S.W., Washington, D.C. 20250-9410 o llame al (300) 795-3272 o (202) 720-6382
(TTY). USDA es un empleador que ofrece igualdad de oportunidades.

Figure 187-2 – CSFP Rights and Responsibilities Form – Spanish
Sort Criteria:

Family ID

Calculation(s):

None.

Background Process(es):

If the Program selected to print is ‘WIC Rights and Obligations’ then the system will generate one copy of the report for the entire family.

If the Program selected to print is ‘CSFP Rights and Responsibilities’ then the system will generate a copy of the report per each CSFP client in the family.

The generation of this form is logged in the Family and Participant’s records as a communication.
Enrollment and Certification

Section 2 - 1.1.6 : Proxy Form

Priority: Required

Window: Proxy Form

Report: Yes

FSRD Reference: EP9.1

Narrative:

This window allows the user to print a form to designate a proxy to the family/economic unit. This allows services for the unit to flow through a single point of contact. The proxy name must be entered in the family information window before producing this form.

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.1.6.1  : Proxy Form Criteria

Figure 188 – Proxy Form Criteria

Fields:

Language – The language the notice should be printed in, either English or Spanish. This field is mandatory.
Program – The program to generate a proxy from, either WIC or CSF. This field is mandatory.

Fields (Family section)

Family ID – A unique, system generated identifier for the family/economic unit. This field is mandatory and can be chosen from a list of values. The list is reduced to only allow the selection of families with at least one proxy defined. For more information, refer to the Family Information window.
Proxy 1

Last Name – The last name of the first authorized representative. This field is display only.
First Name – The first name of the first authorized representative. This field is display only.
MI 1 – The first middle initial of the first authorized representative. This field is display only.
MI 2 – The second middle initial of the first authorized representative. This field is display only.

Proxy 2
**Last Name** – The last name of the second authorized representative. This field is display only.
**First Name** – The first name of the second authorized representative. This field is display only.
**MI 1** – The first middle initial of the second authorized representative. This field is display only.
**MI 2** – The second middle initial of the second authorized representative. This field is display only.

*Fields (Participant section)*

**Client Id** – The unique identification number for a Participant. This field is display only.
**Last Name** – The last name of the Participant. This field is display only.
**First Name** – The first name of the Participant. This field is display only.
**MI 1** – The first middle initial of the Participant. This field is display only.
**MI 2** – The second middle initial of the Participant. This field is display only.
**Birth Date** – The birth date of the Participant. This field is display only.
**Category** – The current category of Participant. This field is display only
**Print** – A check box that indicates a proxy form for the associated participant should be printed. This field is optional and defaults to checked.
Section 2 - 1.1.6.2 : CSF Proxy Form – English/Spanish
### Section 2 - 1.1.6.3: WIC Proxy Form – English/Spanish

<table>
<thead>
<tr>
<th>PROXY CERTIFICATION</th>
<th>CERTIFICADO DE AUTORIZACIÓN</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARIZONA WIC PROGRAM</td>
<td>PROGRAMA WIC DE ARIZONA</td>
</tr>
</tbody>
</table>

- **I understand that I will be allowed to accept WIC food instruments (checks) to buy WIC authorized foods for:**
- **I understand that I must follow all WIC rules including:**
  - Shop only at WIC authorized stores
  - Buy only the foods listed on the food instrument (check)
  - Give all foods bought to the participant
  - Save the receipt for the foods bought and give it to the participant
  - Use the checks only during the dates in which they are valid

- **I understand that misuse of food instruments (checks) is against the rules and offenders will be prosecuted.**

<table>
<thead>
<tr>
<th>Participant’s Name</th>
<th>Participant’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant’s Name</td>
<td>Participant’s Name</td>
</tr>
<tr>
<td>Participant’s Name</td>
<td>Participant’s Name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nombre del participante</th>
<th>Nombre del participante</th>
</tr>
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<tbody>
<tr>
<td>Nombre del participante</td>
<td>Nombre del participante</td>
</tr>
<tr>
<td>Nombre del participante</td>
<td>Nombre del participante</td>
</tr>
</tbody>
</table>

- **Además entiendo que debo seguir las reglas de WIC incluyendo:**
  - Comprar sólo en las tiendas autorizadas por WIC
  - Comprar sólo los alimentos de la lista en el cheque
  - Dar todos los alimentos al participante
  - Conservar los recibos de la tienda de los alimentos comprados y entregados al participante
  - Usar los cheques solamente durante el tiempo en que son válidos

- **Finally, understanding that the misuse of checks is against the law and offenders are subject to prosecution.**

<table>
<thead>
<tr>
<th>Fecha</th>
<th>Fecha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fecha</td>
<td>Fecha</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Firm of person of clinic staff</th>
<th>Firm of person of clinic staff</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Nombre del personal de la clínica</th>
<th>Fecha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nombre del personal de la clínica</td>
<td>Fecha</td>
</tr>
</tbody>
</table>

**Figure 190 – WIC Proxy Form – English/Spanish**

<table>
<thead>
<tr>
<th>MON</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Firm of authorized(s)</th>
<th>Fecha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firm of person of clinic staff</td>
<td>Fecha</td>
</tr>
</tbody>
</table>

Escriba con letra imprenta el título del personal de la clínica
Sort Criteria:

None

Calculation(s):

None.

Background Process(es):

When the printer icon is pushed, the following message is displayed to the user, ‘Proxy pickups should be limited to one month issuances, please update the pick up interval for each participant in this family to 1.’

The generation of this form is logged in the Participant’s record as a communication.
**Enrollment and Certification**

**Section 2 - 1.1.7** : Verification of Certification

**Priority:** Required

**Window:** Verification of Certification

**Report:** Yes

**FSRD Reference:** EP9.1

**Narrative:**

This window will allow the user to produce a document to provide proof of WIC program certification for a Participant.

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification
Section 2 - 1.1.7.1 : Verification of Certification Criteria

Figure 191 – Verification of Certification Criteria

Fields:

Output Device – The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
Filename – The user enters the name of a file that the report is to be saved to. This field is optional.
Number of Copies – The user enters the number of copies of this report to be generated. This field is optional, the default is one.
Client – The unique identification number to identify a Participant.

Button(s):

Previous – Displays the previous page of the report being previewed.
Next – Displays the next page of the report being previewed.
Run Report – Clicking on this button allows the user to run the report.
Cancel – Clicking on this button allows the user to cancel the report.
Section 2 - 1.1.7.2  : Verification of Certification Form

Arizona WIC Program
Verification of Certification

Participant Name: XXXXX XXXXXX
Birth Date: MM/DD/YYYY
Certification Date: MM/DD/YYYY
Priority: Z
Nutritional Risk Criteria: XXX
Measurement Date: MM/DD/YYYY
Bloodwork Date: MM/DD/YYYY
Date of Last F1 Issuance: MM/DD/YYYY
Family Size: Z

Income History:

Income Determination Date
MM/DD/YYYY
MM/DD/YYYY

Signature of LA Representative

Print Name

Local Agency Code/Name: Z9 XXXXXXXXXXXXX
Address: ZZ9 XXXXXXXXXXXXXXXXX
XXX XXXXX, XXXZZZZZ

Phone Number: (ZZZ) ZZZ-ZZZ9

Consent for Release of Information
I authorize the Arizona WIC Program to release the above information.

Client Signature

Date

Figure 192 – Verification of Certification Report
Sort Criteria:

None

Calculation(s):

None.

Background Process(es):

Producing this form does not terminate the participant.

The generation of this form is logged in the Participant’s record as a communication.
Enrollment and Certification

Section 2 - 1.1.8 : Voter Registration Questionnaire

Priority: Required
Window: Voter Registration Questionnaire
Report: Yes
FSRD Reference: EP9.1

Narrative:
This window allows the user to issue a voter registration questionnaire for a family unit.

Data Current As Of: Run Time
Frequency: On Demand
Role(s): Enrollment and Certification
Section 2 - 1.1.8.1 : Voter Registration Questionnaire Criteria

Figure 193 – Voter Registration Questionnaire Criteria

Fields:

Family ID – A unique, system generated identifier for the family economic unit. This field is mandatory.

Authorized Rep1 Last Name – The last name of the authorized representative. This field is display only.

Authorized Rep1 First Name – The first name of the authorized representative. This field is display only.

MI 1 – The first middle initial of the authorized representative. This field is display only.

MI 2 – The second middle initial of the authorized representative. This field is display only.
Section 2 - 1.1.8.2: Voter Registration Questionnaire Form – English/Spanish

OFFER OF VOTER REGISTRATION

Applying to register to vote or declining to vote will not affect the amount of assistance that you will be provided by this agency.

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

Do you wish to register?  _______ yes  _______ no

IF YOU DO NOT CHECK EITHER LINE, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

If you would like help filling out the voter registration application form, we will help you or you may fill out the application form in private. You may take the form with you and mail it to the county recorder yourself or you may complete the registration here and deposit it in the box provided.

If you choose to register to vote here, the information regarding the location of the agency where the registration took place will remain confidential. If you choose not to register to vote at this time, that information will remain confidential.

_____________________________________________________
SIGNATURE OF CLIENT (or initials of staff person)                      Date

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

State Elections Officer
Secretary of State’s Office
1700 West Washington
Phoenix, Arizona 85007
(602) 542-8683

OFERTA DE REGISTRO DE VOTANTES

El solicitar su registro para votante o el rehusarse a votar no afectará la cantidad de asistencia que Ud. recibiría de esta agencia.

Si Ud. no está registrado para votar donde Ud. vive actualmente, ¿le gustaría hacer una solicitud aquí ahora para poder votar?

¿Desea UD. registrarse para votar?                           _______ s _

SI UD. NO MARCA NINGUNA LINEA, SE CONSIDERARA QUE UD. DECIDIO NO REGISTRARSE PARA VOTAR AHORITA.

Si Ud. necesita ayuda llenando su solicitud de registro de votante, nosotros podemos ayudarle o puede usted llenar la solicitud en privado. Ud. puede llevarse la forma y enviarsela Ud. mismo por correo al secretario del condado o puede completar la solicitud y depositarla en la caja que proporcionamos.

Si Ud. se decide a registrarse para votar aquí, la información acerca de la agencia donde se efectuó el registro permanecerá confidencial. Si Ud. decide no registrarse para votar ahora, la información permanecerá confidencial.

_____________________________________________________
FIRMA DEL CLIENTE (o iniciales del miembro del personal)               Fecha

Si Ud. piensa que alguien ha interferido con su derecho de registrarse para votar, de rehusarse a votar, su derecho a privacidad en decidir si se registra o solicita el registro para votar, o su derecho para escoger su propio partido político u otra preferencia política, Ud. puede registrar una queja con:

Oficial Estatal de Elecciones
Oficina de Secretario de Estado
1700 West Washington
Phoenix, Arizona 85007
(602) 542-8683

Figure 194 – Voter Registration
Sort Criteria:
None

Calculation(s):
None.

Background Process(es):
The generation of this form is logged in the Participant’s record as a communication.
Enrollment and Certification

Section 2 - 1.1.9 : CSF Program Referral Notice

Priority: Required

Window: CSF Program Referral Notice

Report: Yes

FSRD Reference: EP9.1

Narrative:

This window allows the user to capture the required information to generate a referral notice for CSF participants.

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.1.9.1: CSF Program Referral Notice Criteria

Fields (Participant section)

Client Id – The unique identification number for a Participant. This field is mandatory.
Last Name – The last name of the Participant. This field is display only.
First Name – The first name of the Participant. This field is display only.
MI 1 – The first middle initial of the Participant. This field is display only.
MI 2 – The second middle initial of the Participant. This field is display only.

Fields (Referral section)

ID – The unique identification number for a program. This field can be selected from the list of values. For more information, refer to the Programs table in Operations Management. This field is mandatory.
Program – The name of the program this Participant is being referred to. This field is display only.
Outreach Organization ID – The unique identification number for an outreach organization. This field can be selected from the list of values. For more information, refer to the Outreach/Referrals table in Operations Management. This field is mandatory.
Outreach Organization – The name of the outreach organization this program is associated with. This field is display only.
Print – A check box that indicates a referral form for the associated program should be printed. This field is optional and defaults to checked.
Section 2 - 1.1.9.2 : CSF Program Referral Notice Form

CSF PROGRAM REFERRAL NOTICE

MM/DD/YYYY

XXXXXXXX
XXXXXXXXX
XXXXXXXXX
XXXXXXXXX
XXXXXXXXX

To whom it may concern:

I would like to refer the following person to your program:

XXXXXXXXXXXXXXXX XXXXXXXX
XXXXXXXXXX
XXXXXXX, XX ZZZZ9

Ph.: (ZZZ) ZZZ-ZZZ9

They have been a participant in the CSF Program and may benefit from the services provided by your program.

If you need more information or have any questions, please call your local CSF Program location at (ZZZ) ZZZ-ZZZ9

Thank you.

Figure 196 – CSF Program Referral Notice
Sort Criteria:
None

Calculation(s):
None.

Background Process(es):
The generation of this form is logged in the Participant’s record as a communication.
Enrollment and Certification

Section 2 - 1.1.10 : CSF Notice to Reapply

Priority: Required

Window: CSF Notice to Reapply

Report: Yes

FSRD Reference: EP9.1

Narrative:

This window allows the user to capture the required information to generate a notice to reapply for CSFP.

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.1.10.1: CSF Notice to Reapply Criteria

Figure 197 – CSF Notice to Reapply Criteria

Fields:

- **Language** – The language the notice should be printed in, either English or Spanish. This field is mandatory.
- **Client Id** – The unique identification number for a Participant. This field is mandatory.
- **Last Name** – The last name of the Participant. This field is display only.
- **First Name** – The first name of the Participant. This field is display only.
- **MI 1** – The first middle initial of the Participant. This field is display only.
- **MI 2** – The second middle initial of the Participant. This field is display only.
**Section 2 - 1.1.10.2** : CSF Notice to Reapply Form – English

<table>
<thead>
<tr>
<th>Participant’s Name</th>
<th>Identification Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXXXXXXXX</td>
<td>XXXXXXXXXXXXXXXXXXXXX</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXXX</td>
<td>XX</td>
<td>ZZ</td>
<td>ZZ</td>
<td>PG PP BF CH EL</td>
</tr>
</tbody>
</table>

You were certified for this program MM/DD/YYYY. The last month in which you can pick up your food from this program will be MM/DD/YYYY. In order to receive more food, you must apply again.

- Please call (ZZZ) ZZZ-ZZZZ to make an appointment. If your child is under the age of five, you may request to have a WIC screening appointment.
- An appointment has been made for you on: ________________________________.

Please come to the following location:

| XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |

When you come to your appointment, you must bring proof of current address and proof of total household gross income. If the appointment is for WIC, you must also bring the child with you to the appointment.

I understand what I need to do in order to continue in the Food Plus / CSF Program.

Signature: Authorized Representative Date

Signature: Local Agency Representative Date

“Food Plus is an equal opportunity program. Persons who believe they have been discriminated against because of race, color, national origin, sex, age, or disability should write to the Secretary of Agriculture, USDA, Washington, DC 20250.”

**Figure 198** – CSF Notice to Reapply Form – English
Section 2 - 1.1.10.3 : CSF Notice to Reapply Form – Spanish

Usted fue certificado para este programa MM/DD/YYYY. El último mes que puede recibir la comida del programa será MM/DD/YYYY. Para que usted puede seguir recibiendo más comida, necesita poner una aplicación otra vez.

Llame (ZZZ) ZZZ-ZZZZ para una cita, por favor. Si su niño tiene menos de cinco años, es posible para usted hacer una cita para WIC.

Se ha reservado una cita para usted el: _________________________________.

Favor de venir a la dirección indicada: XXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXX

Cuando vaya a la cita, tiene que traer comprobante de dirección actual y comprobante del ingreso económico total en el hogar. Si la cita es para WIC, tiene que traer su niño con usted a la cita.

Yo comprendo que necesito hacer para seguir en el programa.

Firma del participante Fecha

Firma del represente de la agencia Fecha

“Food Plus es un programa de oportunidad igual. Si una persona piensa que se ha discriminado en contra de él por razón de raza, color, origen nacional, sexo, edad, o inhabilidad, deberá escribir al Secretary of Agriculture, USDA, Washington, DC 20250.”

Figure 199 – CSF Notice to Reapply – Spanish
Sort Criteria:

None

Calculation(s):

None.

Background Process(es):

This form is produced automatically through the end of day process 6 weeks prior to the end of the certification period. When printed through end of day, the language printed is dependant on the language chosen on the Family Information window.

The generation of this form is logged in the Participant’s record as a communication.
Enrollment and Certification

Section 2 - 1.1.11 : Waiting List Notification

Priority: Required

Window: Waiting List Notification Criteria

Report: Yes

FSRD Reference: EP9.1

Narrative:

This window allows the user to capture the required information to generate a WIC or CSF Waiting List Notification.

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.1.11.1: Waiting List Notification Criteria

Figure 200 – Waiting List Notification Criteria

Fields:

Language – The language the notice should be printed in, either English or Spanish. This field is mandatory.
Program – The program the notice should be printed for, either WIC or CSF. This field is mandatory.
Client Id – The unique identification number for a Participant. This field is mandatory.
Last Name – The last name of the Participant. This field is display only.
First Name – The first name of the Participant. This field is display only.
MI 1 – The first middle initial of the Participant. This field is display only.
MI 2 – The second middle initial of the Participant. This field is display only.
Section 2 - 1.1.11.2  WIC Waiting List Notification Form – English

ARIZONA WIC PROGRAM
WAITING LIST NOTIFICATION

Print Applicant’s Name Last, First

Mailing Address

City State Zip Code

Telephone Number with Area Code

HomeQ Message Q

Original copy - applicant
Second copy - file

Figure 201 – WIC Waiting List Notification Form – English
Section 2 - 1.1.11.3: CSF Waiting List Notification Form – English

ARIZONA FOOD PLUS / COMMODITY SUPPLEMENTAL FOOD PROGRAM
WAITING LIST NOTIFICATION

FOR CLINIC USE ONLY

<table>
<thead>
<tr>
<th>Wait List Date: MM/DD/YYYY</th>
<th>DOB: MM/DD/YYYY</th>
<th>CIRCLE CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral to health and/or food/public assistance program:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Language Spoken/Read:</td>
<td>Eng</td>
<td>Spa</td>
</tr>
<tr>
<td>BF</td>
<td>PP MM/DD/YYYY</td>
<td>DATE PREGNANCY ENDED</td>
</tr>
<tr>
<td>PG</td>
<td>MM/DD/YYYY</td>
<td>EDD</td>
</tr>
<tr>
<td>CH</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Print Applicant’s Name (Last, First, Middle) 

Mailing Address

City XX State ZZZXX Zip Code

(777) 777-7777

Telephone Number with Area Code

Alternative Phone Number / Name of Contact Person

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Message Phone</th>
<th>Pager</th>
<th>No Phone</th>
<th>Comments:</th>
</tr>
</thead>
</table>

It has been determined that you may meet the criteria to participate in the Arizona Food Plus / CSF program. Unfortunately, at this time funding is not available to provide services to all the applicants who may qualify. You are being placed on a Waiting List and will be notified when it is possible for you to apply for Program benefits.

If you wish to appeal this decision, you must request a fair hearing or an informal meeting (show cause) within 60 calendar days from the date indicated on this form. Local agency staff may assist you in making your request in writing.

Address your request for a show cause meeting to the local agency Program director.

Address your request for a fair hearing to the Director, Arizona Department of Health Services, 1740 West Adams, Phoenix AZ 85007.

If you choose, you may be represented by a relative, friend, legal counsel, or other spokesperson. Although you have the right to be represented by legal counsel, this must be at your own expense. An attorney will not be provided for you.

Food Plus / CSFP is an equal opportunity program. Persons who believe they have been discriminated against because of race, color, national origin, sex, age, or disability should write to the Secretary of Agriculture, US Department of Agriculture, Washington, DC 20250.

Signature and Title of Clinic Staff

Date

Figure 202 – CSF Waiting List Notification, English
Se ha determinado que usted podría calificar para el Programa de Food Plus / CSFP de Arizona. Desafortunadamente, en estos momentos no hay fondos para ofrecer servicios a cada solicitante que podría calificar. Su nombre se ha puesto en la lista de espera, y se le avisará en el momento oportuno cuando usted pueda solicitar beneficios del programa.

Si desea apelar esta decisión, puede pedir audiencia imparcial o asamblea informal (mostrar causa) dentro de 60 días de calendario a partir de la fecha en este formulario. El personal de la agencia local le podrá ayudar para hacer su petición por escrito.

Envíe su petición de asamblea para mostrar causa al director del programa de la agencia local.

Envíe su petición de audiencia imparcial a: Director, Arizona Department of Health Services, 1740 West Adams Phoenix, Arizona 85007.

Le puede representar un pariente, amigo, asesor legal u otra persona de su preferencia. Usted tiene derecho a representación legal, pero usted tiene que pagar los gastos. No le será provisto un abogado.

Food Plus / CSFP es un programa con igualdad de oportunidades. Las personas que crean que se les ha discriminado a causa de raza, color, origen nacional, sexo, edad o incapacidad deben escribir a: Secretary of Agriculture, US Department of Agriculture, Washington, DC 20250.

Figure 203 – CSF Waiting List Notification, Spanish
Section 2 - 1.1.11.5 : WIC Waiting List Notification Form – Spanish

Programa de WIC en Arizona
Aviso de Lista de Espera

______________________________
nombre de solicitante apellido primero

______________________________
 domicilio de correo

______________________________
ciudad estado código postal

______________________________
número telefónico con área

☐ casa
☐ mensajes

Se ha determinado que usted llena los requisitos para poder participar en el Programa de WIC de Arizona. Infelizmente, no hay fondos disponibles en la actualidad para proveer beneficios a todos los solicitantes quienes califican. Su nombre se coloca en la lista de espera y se le notificará cuando le es posible solicitar los beneficios del programa.

Si usted desea apelar esta decisión, debe solicitar una audiencia o una junta para mostrar causa dentro de sesenta (60) días desde la fecha indicado en este formulario. El personal de la agencia local puede ayudarle hacer la solicitud por escrito.

La solicitud para una audiencia se presenta al:

Director, Arizona Department of Health Services
1740 W. Adams
Phoenix, AZ. 85007

La solicitud para una junta para mostrar causa se presenta al director del programa de la agencia local.

Usted tiene el derecho de representarse o ser representado por un pariente, un amigo, un asesor legal u otro portavoz. Aunque usted tiene el derecho de ser representado por un asesor legal, debe reconocer que usted sufragará el gasto. No se le proveerá asistencia legal ni abogado.

WIC es un programa que ofrece oportunidad igual a todos. Para presentar una queja de discriminación sobre la base de raza, color, origen nacional, género, religión, edad, o impedimentos sírvase escribir a USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410

Firma del solicitante __________________________ fecha ______________

Firma y título del personal __________________________ fecha ______________

Figure 204 – WIC Waiting List Notification Form – Spanish
Sort Criteria:

None

Calculation(s):

None.

Background Process(es):

The generation of this form is logged in the Participant’s record as a communication. When producing this form for CSF the system also generates an Adverse Action Appeals form. For more information, see the Appeal Procedures form.
Enrollment and Certification

Section 2 - 1.1.12 : Waiting List Enrollment Notification

Priority: Required

Window: Waiting List Enrollment Notification

Report: Yes

FSRD Reference: EP9.1

Narrative:

This window allows the user to capture the required information to generate a CSF or WIC Waiting List Enrollment Notification.

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.1.12.1: Waiting List Enrollment Notification Criteria

Figure 205 – Waiting List Enrollment Notification Criteria

**Fields:**

- **Language** – The language the notice should be printed in, either English or Spanish. This field is mandatory.
- **Program** – The program that the notice should be printed for, either WIC or CSF. This field is mandatory.
- **Client Id** – The unique identification number for a Participant. This field is mandatory.
- **Last Name** – The last name of the Participant. This field is display only.
- **First Name** – The first name of the Participant. This field is display only.
- **MI 1** – The first middle initial of the Participant. This field is display only.
- **MI 2** – The second middle initial of the Participant. This field is display only.
Section 2 - 1.1.12.2 : CSF Waiting List Enrollment Notification Form – English

FOOD PLUS / CSFP SENIOR WAITING LIST ENROLLMENT NOTIFICATION

Date: MM/DD/YYYY

Applicant’s Name: XXXXXXXXXXXXXXXXXXX

Address: XXXXXXXXXXXXXXXXXXXX

Apt. No: ____________

City: XXXXXXXXXXXXXXXXX, XX

Zip Code: ZZZZZ

You were placed on the waiting list for the Food Plus/CSF Program on MM/DD/YYYY. At that time we were not able to enroll you in the program. This letter is to inform you that it may now be possible for you to be enrolled and begin receiving program benefits.

If you are still interested in participating in the Food Plus/CSF Program, you must contact the closest WIC and Food Plus/CSFP office in your area and make an appointment to be screened for eligibility.

The requirements for this program specify that you must be at least 60 years of age and meet Federal income guidelines. Therefore, when you come to your appointment you must provide identification and proof of total household income.

Gross household income includes, but is not limited to the following:

- Wages, salaries, etc. received by any household member
- Social Security benefits, including amount deducted for Medicare premiums
- Rent received on property owned
- Assistance from friends or relatives
- SSI, Retirements, Pensions, Annuities, Interest Income, or any other income

The closest WIC and Food Plus/CSFP office in your area is:

Please call (XXX) XXX-XXXX to schedule an appointment.

Waiting list enrollment notification: 1/99

Figure 206 – CSF Waiting List Enrollment Notification, English
**Section 2 - 1.1.12.3** : CSF Waiting List Enrollment Notification Form – Spanish

**PROGRAMA DE CSF EN ARIZONA PARA ANCianOS**

**AVISO DE MATRICULACIÓN DE LA LISTA DE ESPERA**

Fecha: MM/DD/YYYY

Nombre de aplicante: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Dirección: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Apt: ____________

Ciudad: XXXXXXXXXXXXXXXXXXXXX , XX Código Postal: ZZZZZZ

Usted fue puesto en la lista de espera del Programa de Food Plus/CSF en MM/DD/YYYY. En esta fecha no nos fue posible inscribirlo/a en el programa. Esta Carta es para notificarle que ya es posible registrarselo/a y podría empezar a recibir beneficios del programa.

Si todavía está usted interesado/a en participar en el programa de Food Plus/CSF, debe notificarlo a la oficina de WIC y Food Plus/CSF más cercana a su domicilio y hacer una cita de evaluación de elegibilidad.

Los requisitos para este programa especifican que usted debe tener por lo menos 60 años de edad y llenar los requisitos de las guías federales de ingresos. **Por la tanto, cuando venga a su cita deberá mostrar identificación y prueba del ingreso total en su hogar.**

Ingreso total del hogar incluye, pero no se limita a los siguientes:

- Salarios, pagos, etc. recibidos por **alguna** persona en el hogar
- Beneficios del Seguro Social, incluyendo cantidad deducida del Seguro Médico
- Renta recibida de **alguna** propiedad
- Ayuda de amigos o parientes
- SSI, pensiones, intereses bancarios, y cualquier otro tipo de ingresos

La oficina de WIC y Food Plus/CSFP más cercana a su domicilio es:

Por favor llamar a: (777) 777-7777 para hacer una cita.

**Figure 207** – CSF Waiting List Enrollment Notification, Spanish
Section 2 - 1.1.12.4 : WIC Waiting List Enrollment Notification Form – English

WIC WAITING LIST ENROLLMENT NOTIFICATION

Date:____MM/DD/YYYY____

Applicant’s Name: ____XXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX_____

Address: ____XXXXXXXXXXXXXXXXXXXXX_____ Apt no: __9999_____ 

City: ___XXXXXXXXXXXXXXXXXXXXXXXX_______AZ  Zip Code: __99999____

____XXXXXXXXXXX XXXXXXXXXXXXX____ was placed on the waiting list for the WIC program on __MM/DD/YYYY__. At that time, we had no openings for persons in that priority. This letter is to inform you that it may now be possible for you to be enrolled and begin receiving program benefits.

If you are still interested in participating in the WIC program, call ____(999) 999-9999____ to make an appointment to be screened for eligibility. The closest WIC clinic is:

Address: XXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXX

The applicant must be present at the appointment. Also bring to the appointment:

1. Proof of total household income which includes any and all of the following:
   - A current AHCCCS, TANF or food stamp approval letter OR
   - A ledger for net income from farm or non-farm self employment OR,
   - A formal letter from employer OR
   - A current bank statement. OR
   - A full 30 days worth of current pay stubs OR
   - Unemployment check stubs OR
   - A statement of alimony or child support payments, OR
   - Other income

2. Proof of address. Bring ONE of the following:
   - G driver’s license,
   - G rent receipt
   - G utility bills
   - G Other __________________________

3. Proof of identity. Bring ONE of the following:
   - G Driver’s licence
   - G Passport
   - G Student ID
   - G Birth certificate
   - G Any picture ID

Figure 208 – WIC Waiting List Enrollment Notification Form – English
Section 2 - 1.1.12.5  : WIC Waiting List Enrollment Notification Form – Spanish

Programa de WIC en Arizona
Aviso de Matriculación de la Lista de Espera

Fecha: ___MM/DD/YYYY____
Nombre del Solicitante ___XXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXX________
Domicilio ___XXXXXXXXXXXXXXXXXXXXXXXXX__ Apt. # ___9999___
Ciudad ___XXXXXXXXXXXXXXXXXXXXXXXX__AZ.  Código postal ___999999___

El nombre de ___XXXXXXXXXXXX, XXXXXXXXXX_____ se colocó en la lista de espera para el Programa de WIC el __MM/DD/YYYY___. En aquel entonces no se podía atender personas con aquella prioridad. Le estamos notificando mediante esta carta que ahora puede ser posible matricularse y empezar a recibir beneficios del Programa WIC.

Si usted se interesa todavía en participar en el Programa de WIC, sírvase llamar al: ___(999) 999-9999___ para hacer una cita de evaluación preliminar y determinar su elegibilidad.

La clínica más cercana es:

Domicilio ___XXXXXXXXXXXXXXXXXXXXXXXXX________
____XXXXXXXXXX, XX 999999_____

El solicitante debe estar presente en la cita y debe traer los siguientes documentos:

1. Comprobante del importe total de ingresos de todos los miembros de la casa.
   Debe traer uno o más de los siguientes documentos:
   - Comprobante o carta actualizada de elegibilidad de AHCCCS, TANF, o estampillas de comida
   - Libro de cuentas mostrando ingreso neto debido a empleo en el rancho o empleo propio
   - Carta oficial con membrete del patrón
   - Informe oficial del estado de cuentas del banco
   - Talones de cheques cobrados durante los últimos 30 días
   - Talones de cheques del desempleo
   - Declaración y cuenta de pagos de asistencia (alimony), mantenimiento de menores (child support), u otros ingresos

2. Comprobante de residencia:
   - Licencia de manejar
   - Factura por servicios públicos
   - Recibo oficial de la renta

3. Comprobante de identidad:
   - Licencia de manejar
   - Pasaporte o visa
   - Identificación estudiantil

Figure 209 – WIC Waiting List Enrollment Notification Form – Spanish
Sort Criteria:

None

Calculation(s):

None.

Background Process(es):

The generation of this form is logged in the Participant’s record as a communication.
Enrollment and Certification

Section 2 - 1.1.13 : Program Counseling/Disqualification

Priority: Required

Window: Program Counseling/Disqualification Criteria

Report: Yes

FSRD Reference: EP9.1

Narrative:

This window allows the user to identify and generate a warning letter or a disqualification letter for program abuse for an individual Participant.

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.1.13.1 : Program Counseling / Disqualification Criteria

Figure 210 – Program Counseling / Disqualification Criteria

Fields:

Language – The language the notice should be printed in, either English or Spanish. This field is mandatory.
Program – The program to generate a Program Counseling or Disqualification notice, either WIC or CSF. This field is mandatory.
Form – The name of the form which should be printed, either Counseling or Disqualification. This field is mandatory.

Fields (Participant section)

Client Id – The unique identification number to identify a Participant. This field is mandatory.
Last Name – The last name of the Participant. This field is display only.
First Name – The first name of the Participant. This field is display only.
MI1 – The first middle initial of the Participant. This field is display only.
MI2 – The second middle initial of the Participant. This field is display only.
Section 2 - 1.1.13.2 : CSF Program Counseling / Disqualification Form – English

ARIZONA FOOD PLUS / COMMODITY SUPPLEMENTAL FOOD PROGRAM
PROGRAM COUNSELING / SUSPENSION FORM

Participant: XXXXXXXXXXXXX XXXXXXXXXXXX ID Number: ZZZZZZZZZ

is suspended from the Food Plus / Commodity Supplemental Food Program
from _______________________ to _______________________.

The participant/authorized representative has violated the following rule(s) of the Arizona Food Plus / Commodity Supplemental Food Program:

- Dual Participation
  - In WIC and Food Plus / CSFP.*
  - In Food Plus / CSFP, by receiving more than one food package per participant during the same month, either at the same or different Food Plus / CSFP distribution locations.*

- Exchanging and / or selling Food Plus / CSFP foods.*

- Abusive behavior towards Food Plus / CSFP staff, associates, food bank or food distribution personnel, volunteers, or other Food Plus / CSFP participants.

- Intentionally misrepresenting, concealing, or withholding facts to obtain benefits.

- Other ________________________________________________________________

* RESULTS IN IMMEDIATE SUSPENSION FOR PARTICIPANT AND ALL OTHER IMMEDIATE FAMILY MEMBERS ENROLLED IN FOOD PLUS / CSFP.

I, XXXXXXXXXXXXX XXXXXXXXXXX, have been counseled on the violations of Food Plus / CSFP rules checked and now know the proper procedures to use. I understand that I can have this decision reviewed by the State WIC and Food Plus/CSFP Office. I can request a review by either asking the local program director or writing to the Manager, Community Nutrition Programs Section, Arizona Department of Health Services, 1740 West Adams, Phoenix, Arizona 85007. I also understand that if I do not agree with the results of this review, I can request a Fair hearing by writing to the Director of the Arizona Department of Health Services.

____________________________________________________ __________________
Signature of participant/authorized representative Date

Figure 211 – CSF Counseling / Disqualification – English
Section 2 - 1.1.13.3 : CSF Program Counseling / Disqualification Form – Spanish

PROGRAMA DE FOOD PLUS / CSFP DE ARIZONA
FORMA DE CONSEJO / SUSPENSIÓN

Participante: XXXXXXXXXXX XXXXXXXXXXX Numero de Identificación: ZZZZZZZZZ

Esta suspendido del Programa de Food Plus / CSFP de ___________________ hasta _____________________.

El participante/representante autorizado ha violado las siguientes reglas del Programa de Food Plus / CSFP de Arizona:

- Participación Dual
  - En los programas de Food Plus / CSFP y WIC al mismo tiempo.*
  - En el programa de Food Plus / CSFP, si recibe más de una despensa de comida durante el mismo mes, en la misma localidad o en diferentes localidades.*
  - Cambió o vendió la comida del Programa de Food Plus / CSFP.*

- Conducta abusiva hacia a los empleados, trabajadores, socios, personal, o voluntarios del Programa de Food Plus / CSFP o del Banco de Comida, u otros participantes de Food Plus / CSFP.

- Representación fraudulenta o encubrimiento de información correcta al programa para obtener beneficios.

- Otra Razón __________________________________________________________________________________________

* SUSPENSIÓN INMEDIATA PARA EL PARTICIPANTE Y TODOS LOS MIEMBROS DE LA FAMILIA QUE ESTAN PARTICIPANDO EN EL PROGRAMA DE FOOD PLUS / CSFP.

Yo, XXXXXXXXXXX XXXXXXXXXXX, he sido aconsejado sobre las violaciones de las reglas del Programa Food Plus / CSFP, y ahora, ya entiendo los procedimientos correctos. Entiendo que esta decisión puede ser revisada por la oficina de Programas de WIC y Food Plus / CSFP del estado de Arizona. Se que puedo pedir un repasado solicitado del director del programa local o si le escribo al Manager, Community Nutrition Programs Section, Arizona Department of Health Services, 1740 West Adams, Phoenix, Arizona 85007. También, comprendo que si no estoy de acuerdo con el resultado de esta revisión, puedo solicitar una audiencia justa escribiendo al Director de Arizona Department of Health Services.

____________________________________________________

Firma de participante/representante autorizado Fecha

____________________________________________________

Figure 212 – CSF Counseling / Disqualification – Spanish
Section 2 - 1.1.13.4 : WIC Counseling Form

**Arizona WIC Program**

*Program Abuse Warning Form*

Participant:  xxxxxxxxxxxxxxx xxxxxxxxxxxxxxx  I. D. Number:  999999999

Agency:  xxxxxxxxxxxxxxxxxxxxxxxxx  Clinic:  xxxxxxxxxxxxxxxxxxxxxxxxx

Date:  MM/DD/YYYY  Warning Number:  1  2  3

(Circle only one)

You have violated the following WIC Program rule(s).  Three violations of any one rule or a combination of these violations within a 12 month period may result in disqualification from receiving the benefits of the WIC Program.  If you have a combination of violations with different periods of disqualifications, you shall be disqualified for the maximum period.  Other violations may be written out and attached to this form.

**30 calendar days**

- Drafts made out for more than the stated limit
- Drafts used to purchase unauthorized varieties of WIC foods
- Cashing drafts before the "Date Of Issue" or after the "Date Valid To"
- Failing to countersign drafts at the time of purchase
- Redeeming drafts which were reported lost or stolen
- Purchasing formula other than that specified on the draft.

**45 calendar days**

- Allowing the drafts or ID folder/transfer card to be used by a person other than the person to whom they were issued
- Combining the cost of two (2) or more drafts on one (1) draft.

**60 calendar days**

- Threatening physical abuse of clinic staff, vendor staff, or anyone connected with the WIC Program.
- Verbally abusing or harassing clinic staff, vendor staff, or anyone connected with the WIC Program.

**75 calendar days**

- Redeeming drafts at an unauthorized vendor

**90 calendar days**

- Exchanging food purchased with a WIC draft for unauthorized food, non-food items, cash or credit.

I understand the contents of this document.  My current violation(s) and/or any further violation of WIC Program rules and regulations can result in disqualification from the WIC Program at this time or at a later date.

This is your _______ warning.  Date signed:  ________________________________

Participant/Authorized Representative Name:  ________________________________

Staff Signature:  ________________________________

ADHS/WIC-20

**Figure 213 – WIC Counseling Form**
Section 2 - 1.1.13.5  : WIC Disqualification Form

Arizona WIC Program
Program Disqualification Form

Participant: ____________ I. D. Number: ____________

Authorized Representative (if different): ____________

Agency: ____________ Clinic: ____________

I understand that I am being disqualified from the WIC Program from ____________
until ____________. (The actual disqualification period is preceded by a 15 day period in which I may file an appeal. Instructions for the appeal process are listed on the back side of this form.)

If I can find another person to act as the authorized representative for my infant(s) and/or child(ren), they will be allowed to remain on the program through the disqualification period. I understand if there is a further incident of program abuse my family will be disqualified from receiving further benefits for the rest of the suspension period.

Attached are the warning forms which I have signed during the past year and/or the violations which are listed below or attached which are serious enough to merit disqualification without prior warning. I have committed or attempted to commit these violations during the last 12 months.

Disqualification without prior warning for a period of 90 calendar days:

_________ Altering a draft to obtain more food (changing the amounts of the foods on the draft);

_________ Altering the dates on the draft in order to use a draft that is not valid;

_________ Exchanging a draft for cash, credit or items not authorized for purchase;

_________ Selling a draft;

_________ Selling WIC authorized foods purchased with a draft;

_________ Stealing a draft;

_________ Knowingly and deliberately misrepresenting any information or circumstances to obtain benefits, e.g., misrepresentation of identity, income, residence, family size, health status, pregnancy, or date of birth);

_________ Knowingly and deliberately participating at two (2) WIC clinics, in two (2) WIC programs or in WIC and CSFP at the same time; and

_________ Physical abuse of clinic staff, vendor staff or anyone connected with the WIC Program

Participant/Authorized Representative

Signature: __________________________  Date: ______________________

Staff Signature: __________________________  Date: ______________________

Program Director Signature: __________________________  Date: ______________________

(The date on which the participant signs this form must be at least 15 days prior to the first day of disqualification. If a food package is due, a half package may be issued.)

ADHS/WICS

Figure 214 – WIC Disqualification Form
Programa de WIC de Arizona
Aviso de Infracción

Participante: _XXXXXXXXX, XXXXX___  Número de Identificación: ___99 99999 99______
Agencia: _XXXXXXXXXXXXXXX_  Clínica: _XXXXXXXXXXXXXXXXX______
Fecha: __MM/DD/YYYY____  Número de Aviso: 1  2  3
(Irindique uno solamente)

Usted ha violado la(s) siguiente(s) regla(s) del Programa de WIC. Tres infracciones de cualquier regla o  
una combinación de infracciones dentro de un período de doce (12) meses puede resultar en suspensión 
de beneficios del Programa de WIC. Si usted tiene una combinación de infracciones con períodos 
diferentes de suspensión, usted será suspendido por el periodo máximo. Otras infracciones se pueden 
escribir y adjuntar a esta formulario.

Suspensión de 30 Días
_____ Usar los cheques por más del limite indicado
_____ Usar los cheques para comprar marca (de etiqueta) de comidas no autorizadas
_____ Cobrar los cheques antes de la “Fecha de Emitir” o después de la “Fecha Válida”
_____ No firmar el cheque el tiempo de hacer la compras
_____ Cambiar los cheques después los reportarlos perdidos o robados
_____ Comprar marcas (de etiqueta) de formulas no autorizadas

Suspensión de 45 Días
_____ Permitir a otra persona usar los cheques suyos, el folleto de identificació n y/o  la tarjeta de 
traslado
_____ Combinar la suma total de dos (2) o más cheques en un (1) solo cheque

Suspensión de 60 Días
_____ Amenazar abuso físico al personal de la clínica, personal de la tienda, o cualquier persona 
asociada con el Programa de WIC
_____ Abusar o acosar verbalmente al personal de la clinica, personal de la tienda, o cualquier persona 
asociada con el programa de WIC

Suspensión de 75 Días
_____ Cobrar los cheques en una tienda no autorizada

Suspensión de 90 Días
_____ Cambiar las comidas compradas con cheques de WIC por comidas no autorizadas, o artículos que 
no sean comida, dinero en efectivo o crédito

Yo entiendo el contenido de este documento. Las infracciones que he cometido y/o otras infracciones de 
las reglas del progrando de WIC pueden resultar en descalificacion del Programa de WIC en este tiempo o 
un tiempo futuro.

Este es su _____ aviso  Fecha de la firma: ________________

Participante/Representante Autorizado: _________________________________

Firma del Personal: __________________________________________________

Figure 215 – WIC Counseling Form – Spanish
Section 2 - 1.1.13.7 : WIC Disqualification Form – Spanish

Programa del WIC en Arizona
Forma de Descalificación del Programa

Participante: _XXXXXXXXXX, XXXXXXXXXX_ Numero de Identificación: ___999999999___

Representante Autorizado (seis diferente): ___XXXXXXXXXXX, XXXXXXXXXXXX________

Agencia: ___XXXXXXXXXXXXXXXXXXX_____ Clinica: ___XXXXXXXXXXXXXXXXXXX__

Yo entiendo que me están descalificando del programa de WIC de hoy ______________ hasta ______________ (El periodo actual de descalificación es precedido por un periodo de 15 días en el cual, puedo archivar una apelación. Las instrucciones para el proceso de apelación están ustedes abajo de esta forma.)

Si encuentro, otra persona que actúe como el representante autorizado de mi infante y/o de mis nino(s), ellos uan a poder permanecer en el programa por el periodo de mi descalificación. Yo entiendo que si hay cualquier otra forma de abuso de parte de mi familia seremos descalificados de recibir beneficios por el resto del periodo de suspensión.

Juntos están las formas de abuso las cuales est firmado en este ano pasado y/o las violaciones las cuales están listadas abajo o juntas las cuales están seriamente meritan des calificacion sin aviso.

Discalificacion sin aviso antes por un periodo de noventa 90 días:

___ Alterando un cheque para, obtener más comida (cambiando la cantidad de comida en el cheque)
___ Alterando las fechas en el cheque para usar el cheque no válido;
___ Cambiando un cheque por dinero en efectivo, credito, o articulos no autorizado para comprar.
___ Vendiendo un cheque.
___ Vendiendo, comidas autorizadas compradas con un cheque de WIC.
___ Robando un cheque.
___ Sabiendo y deliberadamente dando información falsa a circunstancias para, recibir beneficios, ejemplo (dando informacion falsa sobre su identidad, ingreso, residencia, cuantas personas en la familia, estado de salud, embarazo, o fecha de nacimiento).
___ Sabiendo y deliberadamente participando en dos clinicas de WIC, en dos programas de WIC y CSFP al mismo, tiempo;
___ Abuso físico al personal de la clinica, vendedar o cualquier persona quetenga que ver con el programa de WIC.

Participante/Representante Autorizado:

______________________________________________               Date: _______________________

Firma del Personal: ______________________________               Date: _______________________

Program Director: _______________________________               Date: _______________________

Figure 216 – WIC Disqualification Form – Spanish
Sort Criteria:
None

Calculation(s):
None.

Background Process(es):

The Disqualification form can only be generated after the participant’s record has been updated to include a Disqualification reason in the Termination Window. The Warning Letter can be generated without a disqualification reason in the participant’s record. Each time a WIC Counseling is produced the system also produces the Adverse Action Appeals form, and each time a Disqualification form is produced the system produces a Disqualification Appeals form. See the Appeal Procedures form for the layout of the Appeals form. When printing a CSF Counseling or Disqualification form the same form is printed regardless of the ‘Form’ parameter, the system also generates the CSF Adverse Action Appeals form.

The generation of this form is logged in the Participant’s record as a communication.
Enrollment and Certification

Section 2 - 1.1.14 : Appeal Procedures

Priority: Required

Window: Appeal Procedures Criteria

Report: Yes

FSRD Reference: EP9.1

Narrative: This window provides the ability to print a WIC or CSF Adverse Action or Disqualification Appeals Procedures document in either English or Spanish to be distributed to a participant.

Sort Criteria (Major to Minor):
ORGANIZATIONAL UNIT ORG CODE (ASC)
CATEGORY (ASC)
CLIENT APPLICATION DATE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.1.14.1 : Program Request Criteria

Figure 217 – Program Request Criteria

Fields:

**Client Id** – The unique identification number to identify a Participant. This field is mandatory.

**Last Name** – The last name of the Participant. This field is display only.

**First Name** – The first name of the Participant. This field is display only.

**M1** – The first middle initial of the Participant. This field is display only.

**M2** – The second middle initial of the Participant. This field is display only.
Section 2 - 1.1.14.2: WIC Program Referral Information Request Form – Infant and Child

Arizona WIC Program Referral/Information Request Form – Infant and Child

Name: ___________________________  Birth date: ____________

Name of parent or guardian: __________________________

Consent
I authorize the release of all medical information to the WIC Program.

Parent/Guardian Signature: ___________________________  Date: ____________

Medical Information Requested

Date of Measurements ______  Weight ______  Height ______  Hgb/Hct ______

Gestational Age ________

Medical Conditions:
☐ Failure to thrive
☐ Cystic Fibrosis
☐ IUGR/newborn weight
☐ Premature Infant
☐ Infections/Allergy to __________________________
☐ Other: __________________________

Formula Requested

1. Formulas tried and specific reactions:
   - Similac Advance
   - Similac Grown Advance
   - Similac Sensitive
   - Others: __________________________

2. Formula Name: __________________________

3. Form (circle one):  POWDER  READY to FEED CONCENTRATE
   (POWDER will be provided from 8:00am-6:00pm)

4. Length of Issuance: __________________________

5. Medical reason for formula: __________________________

6. Special instructions: __________________________

Medical Provider:

Signature __________________________  Date ____________

Printed Name/Title __________________________  Telephone __________________________

Figure 218 – WIC Program Referral Information Request Form – Infant and Child
Section 2 - 1.1.14.3: WIC Program Referral Information Request Form – Woman

Arizona WIC Program Referral/Information Request Form - Woman

Name: ____________________________ Birth date: ______________________

Consent
I authorize the release of all medical information to the WIC Program.
Yo autorizo la divulgación de toda la información médica al Programa de WIC.

Patient Signature: ____________________________ Date: ____________

Medical Information Requested

Expected Delivery Date __________ Hgb/Hct __________ Date of Hgb/Hct __________

Medical Conditions:

Problems During Past Pregnancies (not including current):

Current Pregnancy Information Requested

Pregnancy Issues:
■ Nausea
■ Vomiting
■ Constipation

Problem During This Pregnancy: ____________________________

Multiple Gestation: Yes ______ No ______ If yes, how many? ________

Antepartum or Actual C Section? Yes ______ No ______

Additional Information:

Medical Provider:

Signature __________________ Date ____________

Printed Name/title __________________ Telephone __________________

Figure 219 – WIC Program Referral Information Request Form – Woman
Enrollment and Certification

Section 2 - 1.1.15 : Appeal Procedures

Priority: Required

Window: Appeal Procedures Criteria

Report: Yes

FSRD Reference: EP9.1

Narrative: This window provides the ability to print a WIC or CSF Adverse Action or Disqualification Appeals Procedures document in either English or Spanish to be distributed to a participant.

Sort Criteria (Major to Minor):
ORGANIZATIONAL UNIT ORG CODE (ASC)
CATEGORY (ASC)
CLIENT APPLICATION DATE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.1.15.1 : Appeal Procedures Criteria

Figure 219a – Appeal Procedures Criteria

Fields:

**Language** – The language the notice should be printed in, either English or Spanish. This field is mandatory.

**Program** – The program to generate the Appeals form for, either WIC or CSF. This field is mandatory.

**Form** – The name of the form which should be printed, either Adverse Action or Disqualification. This field is mandatory.

Fields (Participant section)

**Client Id** – The unique identification number to identify a Participant. This field is mandatory.

**Last Name** – The last name of the Participant. This field is display only.

**First Name** – The first name of the Participant. This field is display only.

**M11** – The first middle initial of the Participant. This field is display only.

**M12** – The second middle initial of the Participant. This field is display only.
Section 2 - 1.1.15.2: WIC Adverse Action Appeal Procedures Form

**Arizona WIC Program**

**Appeal Procedures**

**Adverse Action**

If you do not agree with this decision and wish to appeal, your appeal request must be submitted in writing, within sixty (60) calendar days of receiving this notice. The request must include the facts you believe entitle you to relief, and the relief sought. You may request a show cause meeting or a fair hearing.

A **SHOW CAUSE MEETING** is an informal meeting between you, the Local Agency Director, the Local Agency staff involved and a State Agency representative, who will preside over the meeting, concerning the Local Agency’s action. A decision is made at the end of the meeting.

**To request a show cause meeting**, submit the request to:

Local Agency WIC Director
Administrative Office of the Local WIC Agency where you receive benefits
(Call 1-800-252-5942 for specific name and address)

If you do not wish to request a show cause meeting, you may request a **FAIR HEARING**. A fair hearing may, also, be requested when a participant/authorized representative disagrees with the decision of a show cause meeting. A fair hearing is an administrative hearing before an administrative law judge, and a decision is made within the forty-five (45) calendar days following the initial request for the hearing. You have sixty (60) calendar days, from the date of receipt of this letter to request a fair hearing.

At a fair hearing, you have the right to self-representation or to be represented by a relative, friend, legal counsel or other spokesperson. You have the right to bring witnesses. The participant is entitled to introduce arguments, question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses as well as submit evidence to support their case.

**To request a fair hearing**, submit your request to:

Arizona Department of Health Services
Office of the Director
1740 W. Adams, Room 407
Phoenix, AZ 85007

In addition to the fair hearing, pursuant to A.R.S. §41-1092.06, you have the right to request an **INFORMAL SETTLEMENT CONFERENCE**. If you request an informal settlement conference, the agency shall hold the conference within fifteen (15) calendar days after receiving the request. This request must be filed no later than twenty (20) calendar days before the fair hearing.

**To request for an informal settlement conference**, submit the request in writing to:

Arizona Department of Health Services
Office of Nutrition Services - Room 203
WIC Director
1740 W. Adams
Phoenix, AZ 85007

If you choose to appeal, you will receive Program benefits during the appeal process until the hearing officer reaches a decision or the certification period ends whichever comes first.

The United States Department of Agriculture (USDA) prohibits discrimination in its programs on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA’s TARGET Center at (202) 720-2600 (voice and TDD).

**Figure 219b – WIC Adverse Action Appeal Procedures Form**
Section 2 - 1.1.15.3 : WIC Disqualification Appeal Procedures Form

Arizona WIC Program

Appeal Procedures

Disqualification

If you do not agree with this decision and wish to appeal, your appeal request must be submitted in writing, within fifteen (15) calendar days of receiving this notice. The request must include the facts you believe entitle you to relief, and the relief sought. You may request a show cause meeting or a fair hearing.

A SHOW CAUSE MEETING is an informal meeting between you, the Local Agency Director, the Local Agency staff involved and a State Agency representative, who will preside over the meeting, concerning the Local Agency’s action. A decision is made at the end of the meeting.

To request a show cause meeting, submit the request to:

Local Agency WIC Director
Administrative Office of the Local WIC Agency where you receive benefits
(Call 1-800-252-5942 for specific name and address)

If you do not wish to request a show cause meeting, you may request a FAIR HEARING. A fair hearing may, also, be requested when a participant/authorized representative disagrees with the decision of a show cause meeting. A fair hearing is an administrative hearing before an administrative law judge, and a decision is made within the forty-five (45) calendar days following the initial request for the hearing. You have fifteen (15) calendar days, from the date of receipt of this letter to request a fair hearing.

At a fair hearing, you have the right to self-representation or to be represented by a relative, friend, legal counsel or other spokesperson. You have the right to bring witnesses. The participant is entitled to introduce arguments, question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses as well as submit evidence to support their case.

To request a fair hearing, submit your request to:

Arizona Department of Health Services
Office of the Director
1740 W. Adams, Room 407
Phoenix, AZ 85007

In addition to the fair hearing, pursuant to A. R. S. §41-1092.06, you have the right to request an INFORMAL SETTLEMENT CONFERENCE. If you request an informal settlement conference, the agency shall hold the conference within fifteen (15) calendar days after receiving the request. This request must be filed no later than twenty (20) calendar days before the fair hearing.

To request for an informal settlement conference, submit the request in writing to:

Arizona Department of Health Services
Office of Nutrition Services - Room 203
WIC Director
1740 W. Adams
Phoenix, AZ 85007

If you choose to appeal, you will receive Program benefits during the appeal process until the hearing officer reaches a decision or the certification period ends whichever comes first.

The United States Department of Agriculture (USDA) prohibits discrimination in its programs on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA’s TARGET Center at (202) 720-2600 (voice and TDD).

Figure 219c – WIC Disqualification Appeal Procedures Form
Section 2 - 1.1.15.4 : CSF Adverse Action Appeal Procedures Form

Arizona CSF Program
Appeal Procedures
Adverse Action

If you do not agree with this decision and wish to appeal, your appeal request must be submitted in writing, within sixty (60) calendar days of receiving this notice. The request must include the facts you believe entitle you to relief, and the relief sought. You may request a show cause meeting or a fair hearing.

A **SHOW CAUSE MEETING** is an informal meeting between you, the Local Agency Director, the Local Agency staff involved and a State Agency representative, who will preside over the meeting, concerning the Local Agency's action. A decision is made at the end of the meeting.

To request a show cause meeting, submit the request to:

Local Agency CSF Director
Administrative Office of the Local CSF Agency where you receive benefits
(Call 1-800-252-5942 for specific name and address)

If you do not wish to request a show cause meeting, you may request a **FAIR HEARING**. A fair hearing may also be requested when a participant/authorized representative disagrees with the decision of a show cause meeting. A fair hearing is an administrative hearing before an administrative law judge, and a decision is made within the forty-five (45) calendar days following the initial request for the hearing. You have sixty (60) calendar days, from the date of receipt of this letter to request a fair hearing.

At a fair hearing, you have the right to self-representation or to be represented by a relative, friend, legal counsel or other spokesperson. You have the right to bring witnesses. The participant is entitled to introduce arguments, question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses as well as submit evidence to support their case.

To request a fair hearing, submit your request to:

Arizona Department of Health Services
Office of the Director
1740 W. Adams, Room 407
Phoenix, AZ 85007

In addition to the fair hearing, pursuant to A.R.S. §41-1092.06, you have the right to request an **INFORMAL SETTLEMENT CONFERENCE**. If you request an informal settlement conference, the agency shall hold the conference within fifteen (15) calendar days after receiving the request. This request must be filed no later than twenty (20) calendar days before the fair hearing.

To request for an informal settlement conference, submit the request in writing to:

Arizona Department of Health Services
Office of Nutrition Services - Room 203
CSF Director
1740 W. Adams
Phoenix, AZ 85007

If you choose to appeal, you will receive Program benefits during the appeal process until the hearing officer reaches a decision or the certification period ends whichever comes first.

The United States Department of Agriculture (USDA) prohibits discrimination in its programs on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten

Figure 220 – CSF Adverse Action Appeal Procedures Form
Section 2 - 1.1.15.5 : CSF Disqualification Appeal Procedures Form

Arizona CSF Program
Appeal Procedures
Disqualification

If you do not agree with this decision and wish to appeal, your appeal request must be submitted in writing, within fifteen (15) calendar days of receiving this notice. The request must include the facts you believe entitle you to relief, and the relief sought. You may request a show cause meeting or a fair hearing.

A SHOW CAUSE MEETING is an informal meeting between you, the Local Agency Director, the Local Agency staff involved and a State Agency representative, who will preside over the meeting, concerning the Local Agency’s action. A decision is made at the end of the meeting.

To request a show cause meeting, submit the request to:

Local Agency CSF Director
Administrative Office of the Local CSF Agency where you receive benefits
(Call 1-800-252-5942 for specific name and address)

If you do not wish to request a show cause meeting, you may request a FAIR HEARING. A fair hearing may, also, be requested when a participant/authorized representative disagrees with the decision of a show cause meeting. A fair hearing is an administrative hearing before an administrative law judge, and a decision is made within the forty-five (45) calendar days following the initial request for the hearing. You have fifteen (15) calendar days, from the date of receipt of this letter to request a fair hearing.

At a fair hearing, you have the right to self-representation or to be represented by a relative, friend, legal counsel or other spokesperson. You have the right to bring witnesses. The participant is entitled to introduce arguments, question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses as well as submit evidence to support their case.

To request a fair hearing, submit your request to:

Arizona Department of Health Services
Office of the Director
1740 W. Adams, Room 407
Phoenix, AZ 85007

In addition to the fair hearing, pursuant to A. R. S. §41-1092.06, you have the right to request an INFORMAL SETTLEMENT CONFERENCE. If you request an informal settlement conference, the agency shall hold the conference within fifteen (15) calendar days after receiving the request. This request must be filed no later than twenty (20) calendar days before the fair hearing.

To request for an informal settlement conference, submit the request in writing to:

Arizona Department of Health Services
Office of Nutrition Services - Room 203
CSF Director
1740 W. Adams
Phoenix, AZ 85007

If you choose to appeal, you will receive Program benefits during the appeal process until the hearing officer reaches a decision or the certification period ends whichever comes first.

The United States Department of Agriculture (USDA) prohibits discrimination in its programs on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA’s TARGET Center at (202) 720-2600 (voice and TDD).

Figure 221 – CSF Disqualification Appeal Procedures Form
Si usted no esta de acuerdo con esta decision y desea apelar, registre una solicitud de apelación por escrito, dentro de sesenta (60) días de recibir este aviso. En la solicitud Ud. debe incluir todos los datos que Ud. cree ameritan consideración para darle derecho a compensacion o reparacion, y la compensacion que Ud. solicita. Usted puede solicitar una junta para mostrar causa o una audiencia.

La Junta Para Mostrar Causa es una reunion informal entre Ud., el Director de la Agencia Local, el personal de la Agencia Local implicado, y el representante de la Agencia Estatal, quien presidira la junta sobre la accion de la agencia local. Se emite la decision al terminar la junta.

Para solicitar la junta para mostrar causa, presente la solicitud al:

Director de su agencia local del WIC
Oficina Local de Administracion de la Agencia de WIC donde Ud. recibe beneficios
(Hable al 1-800-252-5942 para el nombre especifico y la direccion)

Si usted no desea solicitar una junta para mostrar causa, usted puede solicitar una audiencia. La audiencia tambien se puede solicitar cuando un participante o un representante autorizado no esta de acuerdo con la decision de la junta para mostrar causa.

La audiencia es una audiencia administrativa ante un juez de la ley administrativa, y la decision se emite dentro de cuarenta y cinco (45) dias desde la fecha inicial de la solicitud para una audiencia. Usted tiene sesenta (60) dias, desde la fecha de recibir esta carta para solicitar una audiencia de administracion.

En la audiencia, Ud. tiene el derecho de representarse o ser representado por un pariente, un amigo, un asesor legal u otro portavoz. Usted tiene el derecho de traer testigos. El participante tiene el derecho de introducir argumentos, hacer preguntas, o refutar cualquier testimonio o evidencia, incluyendo la oportunidad de enfrentar y interrogar testigos opuestos o presentar evidencia que confirma su caso.

Para solicitar una audiencia, presente su solicitud a:

Arizona Department of Health Services
Office of the Director
1740 W. Adams, Room 407
Phoenix, AZ 85007

Además de la audiencia, de acuerdo con A.R.S. 41-1092.06, Ud. tiene el derecho de solicitar una conferencia informal de resolucion. Si Ud. solicita una conferencia informal de resolucion, la agencia citara la conferencia dentro de quince (15) dias despues de haber recibido la solicitud. La solicitud tiene que registrarse, a mas tardar, veinte (20) dias antes de la audiencia.

Para solicitar una conferencia informal de resolucion, presente la solicitud por escrito a:

Arizona Department of Health Services
Office of Nutrition Services - Room 203
WIC Director
1740 W. Adams
Phoenix, AZ 85007

Si usted apela, recibira beneficios del programa durante el proceso de apelación hasta que el oficial de audiencia llegue a una decision o termine el periodo de certificacion, cualquiera que sucede primero.

El Departamento de Agricultura de los EE. UU. (USDA, siglas en inglès) prohíbe la discriminación en todos los programas y actividades sobre la base de raza, color, origen nacional, género, religión, edad, impedimentos, credo político, orientación sexual, estado civil o familiar. (No todas las bases de prohibición aplican a todos los programas). Personas con impedimentos que requieran medios alternativos de comunicacion para obtener informacion acerca de los programas (Braille, tipografia agradada, audiocintas, etc.) deben ponerse en contacto con el Centro TARGET de USDA, llamando al (202) 720-2600 (voz y TDD).

Figure 222 – WIC Adverse Action Appeal Procedures Form – Spanish
Section 2 - 1.1.15.7 : WIC Disqualification Appeal Procedures Form – Spanish

Programa de WIC de Arizona
Procedimiento de Apelación
Descalificación

Si usted no está de acuerdo con esta decisión y desea apelar, registre una solicitud de apelación por escrito, dentro de quince (15) días de recibir este aviso. En la solicitud Ud. debe incluir todos los datos que Ud. cree ameritan consideración para darle derecho a compensación o reparación, y la compensación que Ud. solicita. Usted puede solicitar una junta para mostrar causa o una audiencia.

La Junta Para Mostrar Causa es una reunión informal entre Ud., el Director de la Agencia Local, el personal de la Agencia Local implicado, y el representante de la Agencia Estatal, quien presidirá la junta sobre la acción de la agencia local. Se emite la decisión al terminar la junta.

Para solicitar la junta para mostrar causa, presente la solicitud al:

Director de su agencia local del WIC
Oficina Local de Administración de la Agencia de WIC donde Ud. recibe beneficios
(Hable al 1-800-252-5942 para el nombre específico y la dirección)

Si usted no desea solicitar una junta para mostrar causa, usted puede solicitar una audiencia. La audiencia también se puede solicitar cuando un participante o un representante autorizado no está de acuerdo con la decisión de la junta para mostrar causa. La audiencia es una audiencia administrativa ante un juez de la ley administrativa, y la decisión se emite dentro de cuarenta y cinco (45) días desde la fecha inicial de la solicitud para una audiencia. Usted tiene quince (15) días, desde la fecha de recibir esta carta para solicitar una audiencia de administración.

En la audiencia, Ud. tiene el derecho de representarse o ser representado por un pariente, un amigo, un asesor legal u otro portavoz. Ud. tiene el derecho de traer testigos. El participante tiene el derecho de introducir argumentos, hacer preguntas, o refutar cualquier testimonio o evidencia, incluyendo la oportunidad de enfrentar y interrogar testigos opuestos o presentar evidencia que confirma su caso.

Para solicitar una audiencia, presente su solicitud a:

Arizona Department of Health Services
Office of the Director
1740 W. Adams, Room 407
Phoenix, AZ 85007

Además de la audiencia, de acuerdo con A.R.S. 41-1092.06, Ud. tiene el derecho de solicitar una conferencia informal de resolución. Si Ud. solicita una conferencia informal de resolución, la agencia citará la conferencia dentro de quince (15) días después de haber recibido la solicitud. La solicitud tiene que registrarse, a más tardar, veinte (20) días antes de la audiencia.

Para solicitar una conferencia informal de resolución, presente la solicitud por escrito a:

Arizona Department of Health Services
Office of Nutrition Services - Room 203
WIC Director
1740 W. Adams
Phoenix, AZ 85007

Si usted apela, recibirá beneficios del programa durante el proceso de apelación hasta que el oficial de audiencia llegue a una decisión o termine el período de certificación, cualquiera que sucede primero.

El Departamento de Agricultura de los EE. UU. (USDA, siglas en inglés) prohíbe la discriminación en todos los programas y actividades sobre la base de raza, color, origen nacional, género, religión, edad, impedimentos, credo político, orientación sexual, estado civil o familiar. (No todas las bases de prohibición aplican a todos los programas). Personas con impedimentos que requieran medios alternativos de comunicación para obtener información acerca de los programas (Braille, tipografía agrandada, audiócintas, etc.) deben ponerse en contacto con el Centro TARGET de USDA, llamando al (202) 720-2600 (voz y TDD).

Figure 223 – WIC Disqualification Appeal Procedures Form – Spanish
Section 2 - 1.1.15.8 : CSF Adverse Action Appeal Procedures Form – Spanish

Programa de CSF en Arizona
Proceduras de Apelación

Si usted no esta de acuerdo con esta decisión y desea apelar, solicite su apelación en escrito, entre (sesenta) 60 días de recibir esta noticia. Su solicitud tiene que incluir los hechos que usted cree le pertenecen para su compensación, y la compensación que usted solicita. Usted puede solicitar una junta para mostrar su causa a una audiencia.

La Junta Para Mostrar Su Causa: Es una junta informal entre usted, El Director de la Agencia Local, El personal de la agencia, local envuelto, y el representante de la agencia, del estrado, que va a precisar acerca de la junta, que concierne, la accion de la agencia local. La decisión se hace al terminar la junta.

Para solicitar una junta que ensenasu causa, presente su solicitud a:

Director de su agencia local del CSF
Oficina Local de Administración de la Agencia de CSF donde usted recibe beneficios
(Hable al 1-800-252-5942 para el nombre específico y la dirección)

Si usted no desea solicitar una junta para, mostrar su causa, usted puede solicitar una audiencia. La audiencia también puede ser solicitada cuando un participante a un representante autorizado no está de acuerdo on la decisión por la junta para mostrar su causa. La audiencia es una audiencia de administración. Frente un juez de la ley de administracion, y la decision se hace entre cuarenta y cinco (45) días siguiendo su solicitud inicial de la audiencia. Tienen quince (15) días, de la fecha que recibio esta carta para solicitar una audiencia de administracion, y la decision se hace entre cuarenta y cinco (45) días siguiendo su solicitud inicial de la audiencia. Tienen quince (15) días de la fecha que recibio esta carta para solicitar una audiencia.

En la audiencia, usted tiene el derecho de representarse o que lo represente un pariente, amistad un cocilgo legal u otro portavoz. Usted tiene el deber de tener un testigo. El participante tiene el derecho de introducir sus alegaciones, preguntas, o reviar cualquier testimonio o evidencia, incluyendo la oportunidad de enfrentar y interrogar testigos opuestos o presentar evidencia que confirme su caso.

Para solicitar una audiencia, presente su solicitud a:

Arizona Department of Health Services
Office of the Director
1740 W. Adams, Room 407
Phoenix, AZ 85007

En adición a la audiencia, de acuerdo con A.R.S. 41-1092.06, usted tiene el derecho de solicitar una conferencia informal de solución. Si usted solicita una conferencia informal de solución, la agencia va a tener la conferencia dentro de quince (15) días después de haber recibo la solicitud. La solicitud tiene que ser archiada a mas tardar veinte (20) días antes de la audiencia.

Para solicitar una conferencia informal de solución, presente la solicitud en escrito a:

Arizona Department of Health Services
Office of Nutrition Services - Room 203
CSF Director
1740 W. Adams
Phoenix, AZ 85007

Si usted desea apelar, recibira beneficios del programa durante el proceso de apelacion. Hasta que el oficial de audiencia llege a una decision o que se termine el periodo de certificacion. Cual quiera que sea primero.

El Departamento de Agricultura de los EE. UU. (USDA, siglas en ingles) prohibe la discriminacion en todos sus programas y actividades a base de raza, color, origen nacional, genero, religion, edad, impedimentos, credo politico, orientacion sexual, estado civil o familiar. (No todas las bases de prohibicion aplican a todos los programas). Personas con impedimentos que requieran medios alternativos de comunicacion para obtener informacion acerca de los programas (Braille, tipografia agrandada, cintas de audio, etc.)

Figure 224 – CSF Adverse Action Appeal Procedures Form – Spanish
Section 2 - 1.1.15.9 : CSF Disqualification Appeal Procedures Form – Spanish

Programa de CSF en Arizona
Proceduras de Apelación

Si usted no está de acuerdo con esta decisión y desea apelar, solicite su apelación en escrito, entre (quince) 15 días de recibir esta noticia. Su solicitud tiene que incluir los hechos que usted cree le pertenecen para su compensación, y la compensación que usted solicita. Usted puede solicitar una junta para mostrar su causa a una audiencia.

La Junta Para Mostar Su Causa: Es una junta informal entre usted, El Director de la Agencia Local, El personal de la agencia, local envuelto, y el representante de la agencia, del estrado, que va a procedir acerca de la junta, que concierne, la accion de la agencia local. La decision se hace al terminar la junta.

Para solicitar la junta que ensenas tu causa, presente tu solicitud a:

Director de su agencia local del CSF
Oficina Local de Administracion de la Agencia de CSF donde estás recibiendo beneficios
Hable al 1-800-252-5942 para el nombre específico y la dirección

Si usted no desea solicitar una junta para mostrar su causa, usted puede solicitar una audiencia. La audiencia también puede ser solicitada cuando un participante a un representante autorizado no está de acuerdo con la decisión por la junta para mostrar su causa. La audiencia es una audiencia de administración. Frente un juez de la ley de administracion, y la decision se hace entre cuarenta y cinco (45) días siguiendo su solicitud inicial de la audiencia. Tienen quince (15) días, de la fecha que recibio esta carta para solicitar una audiencia de administracion, y la decision se hace entre cuarenta y cinco (45) días siguiendo su solicitud inicial de la audiencia. Tienen quince (15) días de la fecha que recibio esta carta para solicitar una audiencia.

En la audiencia, usted tiene el derecho de representarse o que lo represente un pariente, amistad un cocillo legal u otro portavoz. Usted tiene el derecho de tener un testigo. El participante tiene el derecho de introducir sus alegaciones, preguntas, o revatir cualquier testimonio o evidencia, incluyendo la oportunidad de enfrentar y interrogar testigos opuestos o presentar evidencia que confirme su caso.

Para solicitar una audiencia, presente tu solicitud a:

Arizona Department of Health Services
Office of the Director
1740 W. Adams, Room 407
Phoenix, AZ 85007

En adición a la audiencia, de acuerdo con A.R.S. 41-1092.06, usted tiene el derecho de solicitar una conferencia informal de solución. Si usted solicita una conferencia informal de solución, la agencia va a tener la conferencia dentro de quince (15) días después de haber recibido la solicitud. La solicitud tiene que ser archivada a mas tardar veinte (20) días antes de la audiencia.

Para solicitar una conferencia informal de solución, presente la solicitud en escrito a:

Arizona Department of Health Services
Office of Nutrition Services - Room 203
CSF Director
1740 W. Adams
Phoenix, AZ 85007

Si usted desea apelar, recibirá beneficios del programa durante el proceso de apelación. Hasta que el oficial de audiencia dé un la decisión o que se expire el período de certificación. Cual quiera que sea primero.

El Departamento de Agricultura de los EE. UU. (USDA, siglas en inglés) prohíbe la discriminación en todos sus programas y actividades a base de raza, color, origen nacional, genero, religión, edad, impedimentos, credo político, orientación sexual, estado civil o familiar. (No todas las bases de prohibición aplican a todos los programas). Personas con impedimentos que requieran medios

Figure 225 – CSF Disqualification Appeal Procedures Form – Spanish
Sort Criteria:

None.

Calculation(s):

None.

Background Process(es):

The generation of this form is logged in the Participant’s record as a communication.
Enrollment and Certification

Section 2 - 1.1.16 : Waiver Form

Priority: Required

Window: Waiver Form Criteria

Report: Yes

FSRD Reference: EP9.1

Narrative: This window provides the ability to capture unsubstantiated self-declared income data.

Sort Criteria (Major to Minor):
  ORGANIZATIONAL UNIT ORG CODE (ASC)
  CATEGORY (ASC)
  CLIENT APPLICATION DATE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.1.16.1 : Income Waiver Criteria

Figure 226 – Waiver Form Criteria

Fields:

Language – The language the notice should be printed in, either English or Spanish. This field is mandatory.

Fields (Participant section)

Id – The unique identification number to identify a Participant. This field is mandatory.
Last Name – The last name of the Participant. This field is display only.
First Name – The first name of the Participant. This field is display only.
MI1 – The first middle initial of the Participant. This field is display only.
MI2 – The second middle initial of the Participant. This field is display only.
Section 2 - 1.1.16.2 : Waiver Form

ARIZONA WIC PROGRAM
Documentation of Waiver Form

Name:

owing situations, issue one month of Food Instruments:

entation of the following exists but was not brought to the appointment. Check all that apply:

- Proof of Income
- Proof of Address
- Proof of Identification

ify for the program, I will be given one (1) month of Food Instruments. I, ____________________, stand that the above documents are required for WIC certification. If I do not bring the required document(s) to my next WIC appointment/visit, within 30 days, I will not be able to pate in the WIC program.

ized Representative Signature: ___________________________ Date: __________

aff Signature: ___________________________ Date: __________

owing situations, the applicant, if qualified, can be enrolled on WIC for the entire certification

Income

licants or Authorized Representatives with inadequate income documentation or those that do not have income documentation because the documentation does not exist.

re my total gross household income is $ ______________ per

- Week
- Every other week
- Month
- Year

for inadequate or no documentation: ___________________________

licants or Authorized Representatives with ZERO income. I declare my total gross household income is ZERO. I understand that I can only declare ZERO income one time.

I am getting food from: ___________________________

I am getting housing from: ___________________________

Address or Identification

licants or Authorized Representatives with do not have documentation of address and/or identification because the documentation does not exist.

is: ___________________________

for no proof of address or identification: ___________________________

verify the above information is correct. I stand that providing incorrect or misleading information can result in criminal charges paying the Arizona Department of Health Services, in cash, the value of the food benefits properly received.

ized Representative Signature: ___________________________ Date: __________

aff Signature: ___________________________ Date: __________

Figure 227 – Waiver Form English
### Section 2 - 1.1.16.3 : Waiver Form – Spanish

**PROGRAMA DE WIC EN ARIZONA**  
**FORMA DE RENUNCIAR DE DOCUMENTACIÓN**

<table>
<thead>
<tr>
<th>Participant:</th>
</tr>
</thead>
<tbody>
<tr>
<td>gúientes situaciones, se le dará instrumentos de comida por un mes:</td>
</tr>
<tr>
<td>umentación de los siguientes si existe pero no fue traída a la cita. Marque todos los que aplican:</td>
</tr>
<tr>
<td>☐ Prueba de Ingresos</td>
</tr>
<tr>
<td>☐ Prueba de Dirección</td>
</tr>
<tr>
<td>☐ Prueba de Identificación</td>
</tr>
<tr>
<td>e se me atorgará un mes (1) de instrumentos de comida, yo, ____________________________, do que los documentos mencionados arriba son requeridos para certificar para el programa. Además, si no traigo los documentos requeridos a mi próxima cita con WIC, que sería dentro de ___ días, ya no podré continuar mi participación en el Programa WIC.</td>
</tr>
<tr>
<td>del Representativo Autorizado: ___________________________ Fecha: __________</td>
</tr>
<tr>
<td>del Personal de WIC: ___________________________ Fecha: __________</td>
</tr>
</tbody>
</table>

| gúientes situaciones, el solicitante, si califica, puede ser enlistado/a para recibir WIC por el monto de certificación: |
| Ingresos |
| es solicitantes o representativos autorizados con documentación de ingresos inadecuados o |
| es que no tienen documentación de ingresos por que la documentación no existe. |
| fero que el ingreso total de mi hogar es de $ ____________ cada |
| ☐ Semana |
| ☐ Quincena |
| ☐ Dos veces al mes |
| ☐ Mes |
| ☐ Año |
| En por no tener documentación o presentar documentación |
| Jada: ___________________________ |
| es solicitantes o representativos autorizados con CERO de ingresos. Yo declaro que el ingreso total de mi hogar es CERO. |
| Yo obtengo alimentos de: ___________________________ |
| Yo obtengo vivienda de: ___________________________ |
| Dirección o Identificación |
| es solicitantes o representativos autorizados quien no tienen documentación de dirección o |
| cación porque esta documentación no existe. |
| elón es: ___________________________ |
| En por no tener prueba de dirección o identificación: ___________________________ |
| a verifica que la información presentada arriba es correcta. Yo do que presentando información incorrecta o engañosa me puede resultar en cargos |
| o, el valor de todos los beneficios de alimentos recibidos. |
| del Representativo Autorizado: ___________________________ Fecha: __________ |
| del Personal de WIC: ___________________________ Fecha: __________ |

**Figure 228 – Waiver Form – Spanish**
Sort Criteria:

None.

Calculation(s):

None.

Background Process(es):

The generation of this form is logged in the Participant’s record as a communication.
**Enrollment and Certification**

**ICO 34**

**Section 2 - 1.1.17**: Proof of Residency/ID

**Priority**: Required

**Window**: Proof of Residency/ID Criteria

**Report**: Yes

**FSRD Reference**: EP9.1

**Narrative**: This window provides the ability to capture unsubstantiated proof of address and identification data.

**Sort Criteria (Major to Minor)**:
- ORGANIZATIONAL UNIT ORG CODE (ASC)
- CATEGORY (ASC)
- CLIENT APPLICATION DATE (ASC)

**Data Current As Of**: Run Time

**Frequency**: On Demand

**Role(s)**: Enrollment and Certification
Section 2 - 1.1.17.1  : Proof of Residency/ID Criteria

Fields:

Language – The language the notice should be printed in, either English or Spanish. This field is mandatory.

Fields (Participant section)

Id – The unique identification number to identify a Participant. This field is mandatory.
Last Name – The last name of the Participant. This field is display only.
First Name – The first name of the Participant. This field is display only.
MI1 – The first middle initial of the Participant. This field is display only.
MI2 – The second middle initial of the Participant. This field is display only.
No Proof of Residency/Identification Form

The Arizona WIC Program requires each applicant to show proof of identification and residence to be put on the WIC Program.

1. Completion of this form is for: Residence/Address
   Identification

2. Reason for No Proof: ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

I am verifying that the information I am providing above is correct. I understand that intentional misrepresentation may result in paying the state agency, in cash, the value of the food benefits improperly received.

Figure 229 – Proof of Residency/Id Form
Figure 230 – Proof of Residency/ID Form
Section 2 - 1.1.17.3 : Proof of Residency/ID Form – Spanish

Programa de WIC de Arizona

Solicitante(s):_XXXXXXXXX, XXXXXXXX_ Número de identificación: 9999999999_

Falta de Comprobante de Domicilio y/o Identificación

El programa estatal de WIC exige que cada solicitante tenga un comprobante de identificación y residencia para participar en el programa de WIC.

1. Indique la razón de este formulario: Domicilio Identificación

2. Indique la razón por la falta de documentación:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Afirmación

Declaro que la información que he indicado arriba es verídica. Entiendo que los informes malintencionados, malversados y fraudulentos pueden resultar en el reembolso, con dinero efectivo, el valor de los beneficios alimenticios recibidos impropiamente. Si los ingresos en mi casa cambian dentro del período de certificación, lo informaré a la agencia local de WIC.

Solicitante/Representante Autorizado ________________________ fecha _____________

Personal de WIC ________________________ fecha _____________

Figure 231 – Proof of Residency/ID Form – Spanish
Sort Criteria:

None.

Calculation(s):

None.

Background Process(es):

The generation of this form is logged in the Participant’s record as a communication.

[END CO 34]
Enrollment and Certification

Section 2 - 1.2 : Labels

Section 2 - 1.2.1 : Mailing Labels

Priority: Required

Window: Mailing Labels

Report: Yes

FSRD Reference: EP9.2

Narrative:

This function allows the user to select what groups of labels should be produced. The ability to produce a tailored label is also provided. All labels are produced at one label per family unit. Labels can be requested by clinic, Part. Id, category, or zip code.

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.2.1.1 : Mailing Labels Criteria

Figure 232 – Mailing Labels Criteria

Fields (Participant section)

Choose A Label Stock – Offers a choice of Avery printer labels: 5160 – HP 3x10 and 5163 HP 2x5.

Clinic – The organization unit that serves as the local clinic for the applicant. Clicking on the list of values button allows the user to select a clinic code. The description of the clinic will automatically display. AIM will print a mailing label for all family authorized representatives in the chosen clinic. This field is optional.

Client – The unique identification number to identify a Participant. AIM will print a mailing label to the authorized representative of the chosen client. This field is optional.

Category – The category of Participant (Breastfeeding, Postpartum, Pregnant, Infants, or Children). AIM will print a mailing label to all authorized representatives of all the clients in the selected category. This field is optional.

Zip Code – The 5-digit zip code. AIM will print a mailing label to the authorized representative of all clients with the selected zip code. This field is optional.

Override Mailing Confidentiality – A Yes/No field indicating whether a Participant that requested no mail should receive it. This field is mandatory and defaults to ‘No’.

Fields (Tailored section)

Name – A user specified name for tailored labels.

Address – A user specified address (line 1) for tailored labels.

Address – A user specified address (line 2) for tailored labels.

City – A user specified city for tailored labels.

State – A user specified state for tailored labels.

Zip – A user specified zip for tailored labels.
Agency/Clinic – Offers the user the option to print mailing labels for any selected clinic within the agency.

Number of Copies – The user must specify the number of mailing labels to generate. This field works for the Agency/Clinic Return Address Labels parameter only.

Button(s):

Print Labels - Generates the mailing labels.

Choose Label to Start At - User is given the option of choosing which label position to begin with. Selecting ‘1’ prints from the first label in the sheet to the last.

Sort Criteria:

Family ID
Authorized Representative Last Name
Authorized Representative First Name

Calculation(s):

None.

Background Process(es):

None.
Enrollment and Certification

Section 2 - 1.3 : Reports

Section 2 - 1.3.1 : Breastfeeding by Sociodemographics ** ADHS Disabled on Menu 08/04/09 **

Priority: Required

Window: Breastfeeding by Sociodemographics

Report: Yes


Narrative:

This Window produces a listing of various sociodemographic variables and identifies the corresponding number and percent of breastfed Infant Participants broken down by the number of weeks they were breastfed during a specified period of time.

Sort Criteria (Major to Minor): ORGANIZATIONAL UNIT CODE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.1.1 : Breastfeeding by Sociodemographics Criteria

![Image of report parameters]

**Figure 233 - Breastfeeding by Sociodemographics Criteria**

**Fields:**

- **Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
- **Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.
- **Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.
- **Report Level** - The organization level the report will be run at. The available options are Local Agency/Clinic, Local Agency, State. If State is selected the report generates a Statewide summary, the 'Local Agency' heading changes to 'State Agency' and the 'Clinic' heading is not displayed. If 'Local Agency' is selected the report generates a Local Agency summary, the 'Clinic' heading is followed by the text 'ALL'. This field is required.
- **Date Range From/Thru** - The date range of visits the report will be run for. This field is required.

**Button(s):**

- **Previous** - Displays the previous page of the report being previewed.
- **Next** - Displays the next page of the report being previewed.
- **Run Report** - Clicking on this button allows the user to run the report.
- **Cancel** - Clicking on this button allows the user to cancel the report.
**Section 2 - 1.3.1.2**  
**Breastfeeding by Sociodemographics Report**

*Report Name: XXXXXXXX*  
*Report Date: MM/DD/YYYY*  
*Arizona WIC Program*  
*Breastfeeding By Sociodemographics*  
*Local Agency: XXXXXXXXXX*  
*Clinic: XXXXXXXXXX*

<table>
<thead>
<tr>
<th>Sociodemographic Variable</th>
<th>** Ever BF**</th>
<th>* 1-3 wks</th>
<th>* 1-2 mo</th>
<th>* 3-5 mo</th>
<th>* BF &gt;= 6 mo</th>
<th>** 6-11 mo</th>
<th>** 12 mo</th>
<th>** BF&gt;12 mo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income (% Poverty)</td>
<td>ZZ9 ZZ 99%</td>
<td>ZZ9 ZZ 99%</td>
<td>ZZ9 ZZ 99%</td>
<td>ZZ9 ZZ 99%</td>
<td>ZZ9 ZZ 99%</td>
<td>ZZ9 ZZ 99%</td>
<td>ZZ9 ZZ 99%</td>
<td>ZZ9 ZZ 99%</td>
</tr>
<tr>
<td>Total</td>
<td>ZZ9 ZZ 99%</td>
<td>ZZ9 ZZ 99%</td>
<td>ZZ9 ZZ 99%</td>
<td>ZZ9 ZZ 99%</td>
<td>ZZ9 ZZ 99%</td>
<td>ZZ9 ZZ 99%</td>
<td>ZZ9 ZZ 99%</td>
<td>ZZ9 ZZ 99%</td>
</tr>
</tbody>
</table>

**Education (Grade Completed)**

*Marital Status*

**Trimester of Enrollment**

**Live Births**

**Infant Gestational Age**

<table>
<thead>
<tr>
<th>Age of Mother at Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Ethnic Groups**

* Infants 6-8 mo. of Age
** Infants 12-15 mo. of Age
*** All Infants

**Figure 234 - Breastfeeding by Sociodemographics Report**
Calculations

**Qty (Ever BF)** - The number of infant participants that ever breastfed with active certs. and under 15 months of age during the date range by socio. variable.

**Pct (Ever BF)** - The percentage of infant participants that were breastfed with active certs. and under 15 months of age during the date range by socio. variable. (Qty (Ever BF) / # of Infant participants with active certs. and under 15 months of age during the date range)

**Qty (1-3 wks, 4-12 wks, 13-25 wks)** - The number of infant participants with active certs. and 6 to 8 mo. of age during the date range that quit breastfeeding in the time frame defined by the column heading by socio. variable.

**Pct (1-3 wks, 4-12 wks, 13-25 wks)** - The percentage of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that quit breastfeeding in the time frame by socio. variable. (Qty (1-3 wks, 4-12 wks, 13-25 wks) / Number of breastfed Infant participants with active certs. and 6 to 8 mo. of age during the date range)

**Qty (BF>= 6 mo)** - The number of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that breastfed for at least six months(including those still BFing) by socio. variable.

**Pct (BF>= 6 mo)** - The percentage of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that breastfed for at least 6 months (including those that are still breastfeeding) by socio. variable. (Qty (BF>= 6 mo) / Number of breastfed Infant participants 6 to 8 mo. of age with active certs. during the date range)

**Qty (26-51 wks, 52 wks)** - The number of participants with active certs. and 12 to 15 mo. of age during the date range that quit breastfeeding in the time frame defined by the column heading by socio. variable.

**Pct (26-51 wks, 52 wks)** - The percentage of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that quit breastfeeding in the time frame by socio. variable. (Qty (26-51 wks, 52 wks) / Number of breastfed participants with active certs. and 12 to 15 mo. of age during the date range)

**Qty (BF>= 12 mo)** - The number of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that breastfed for at least 12 months (including those still BFing) by socio. variable.

**Pct (BF>= 12 mo)** - The percentage of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that breastfed for at least 12 months (including those still BFing) by socio. variable. (Qty (BF>= 12 mo) / Number of breastfed Infant participants with active certs. and 12 to 15 mo. of age during the date range)

**Totals**

**Qty** - Column total

**PCT** - The percentage of breastfeeding infant participants with active certs. and age range that quit during the time period defined by the column heading.

The duration for those that are still breastfeeding - (Last Health history date - Date of Birth).

The duration for those that have quit breastfeeding - (Age of Infant when breastfeeding ended (health data element) in the latest health assessment in the date range entered)

**Background Processes**

Note: There may be participants that are still breastfeeding that are counted in the BF >= 6 mo and also counted in the BF >= 12 mo. There may also be participants that quit breastfeeding that
are counted in the $BF \geq 6\text{mo}$ and $BF \geq 12\text{mo}$ and also counted in the 26 - 51 wks and 52 wks columns.
Enrollment and Certification

Section 2 - 1.3.2 : Pregnant/Postpartum by Sociodemographics

Priority: Required

Window: Pregnant/Postpartum by Sociodemographics

Report: Yes


Narrative:

This Window produces a listing of various sociodemographic variables and identifies the corresponding number of Pregnant/Postpartum Participants.

Sort Criteria (Major to Minor): ORGANIZATIONAL UNIT CODE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.2.1 : Pregnant/Postpartum by Sociodemographics Criteria

Figure 235 - Pregnant/Postpartum by Sociodemographics Criteria

Fields:

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - The organization level the report will be run at. The available options are: Local Agency/Clinic, Local Agency, State.

- If 'Local Agency/Clinic' is selected the report generates a Local Agency report broken out by each clinic in the agency. The 'Clinic' heading displays the number and name of the clinic.
- If 'Local Agency' is selected the report generates a Local Agency summary, the 'Clinic' heading is not displayed.
- If State is selected the report generates a Statewide summary, the 'Local Agency' heading changes to 'State Agency' and the 'Clinic' heading is not displayed. This option is only available via AIM’s State login.

**Reporting Month** - The user may select the month that the report will select records on. The default value is ‘JAN’.

**FFY** - The user may enter the year that the report will select records on. This field is required.
Button(s):

**Previous** - Displays the previous page of the report being previewed.
**Next** - Displays the next page of the report being previewed.
**Run Report** - Clicking on this button allows the user to run the report.
**Cancel** - Clicking on this button allows the user to cancel the report.
### Section 2 - 1.3.2.2: Pregnant/Postpartum by Sociodemographics Report

**Report Date:** MM/DD/YYYY  
**Report #:**

---

**Local Agency:** XX XXXXXXXXXXXXXXXXXXXX  
**Clinic:** XX XXXXXXXXXXXXXXXXXXXXXXXXXXXX

**Report #** Arizona WI C Program  
**Report Date:** MM/DD/YYYY  
**Arizona WIC System Detailed Functional Design Document**

<table>
<thead>
<tr>
<th>Sociodemographic Variable</th>
<th>&lt;15</th>
<th>15 - 17</th>
<th>&gt; 17</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income (%)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;= 0 - 100</td>
<td>ZZ,ZZ</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
</tr>
<tr>
<td>101 - 150</td>
<td>ZZ,ZZ</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
</tr>
<tr>
<td>151 - 185</td>
<td>ZZ,ZZ</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>ZZ,ZZ</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education (Grade Completed)</th>
<th>&lt;15</th>
<th>15 - 17</th>
<th>&gt; 17</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;= 9</td>
<td>ZZ,ZZ</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
</tr>
<tr>
<td>10 - 11</td>
<td>ZZ,ZZ</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
</tr>
<tr>
<td>12</td>
<td>ZZ,ZZ</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>ZZ,ZZ</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trimester of Enrollment</th>
<th>&lt;15</th>
<th>15 - 17</th>
<th>&gt; 17</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-12 Weeks</td>
<td>ZZ,ZZ</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
</tr>
<tr>
<td>13-40 Weeks</td>
<td>ZZ,ZZ</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>ZZ,ZZ</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Low Births</th>
<th>&lt;15</th>
<th>15 - 17</th>
<th>&gt; 17</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>ZZ,ZZ</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
</tr>
<tr>
<td>1</td>
<td>ZZ,ZZ</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>ZZ,ZZ</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Infant</th>
<th>&lt;15</th>
<th>15 - 17</th>
<th>&gt; 17</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;= 37 Weeks</td>
<td>ZZ,ZZ</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
</tr>
<tr>
<td>&gt; 37 Weeks</td>
<td>ZZ,ZZ</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>ZZ,ZZ</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
<td>ZZ,ZZ%</td>
</tr>
</tbody>
</table>

---

**Figure 236 - Pregnant/Postpartum by Sociodemographics Report**
Calculations

**Qty (pregnant)** - The number of pregnant participants with active WIC certifications (CSF certifications are disregarded) during the date range and in the age group by sociodemographic variable.

**Pct (pregnant)** - The percentage of pregnant participants with active WIC certifications during the date range and in the age group by sociodemographic variable. (Number of pregnant participants with active WIC certifications in the age group during the date range / Number of pregnant participants of the column age with active WIC certifications during the date range)

**Qty (postpartum)** - The number of postpartum participants with active WIC certifications (CSF certifications are disregarded) during the date range and in the age group by sociodemographic variable.

**Pct (postpartum)** - The percentage of postpartum participants with active WIC certifications during the date range and in the age group by sociodemographic variable. (Number of postpartum participants with active WIC certifications in the age group during the date range / Number of postpartum participants of the column age with active WIC certifications during the date range)

**# of WIC pregnancies** - The sum of WIC pregnancies.

Background Processes

Depending on the Report Level selected the 'Local Agency' and 'Clinic' fields at the top of the report change. If State is selected the Clinic field is not displayed and the 'Local Agency' label changes to 'State Agency'. If 'Local Agency' is selected the Clinic field is not displayed. The report layout displayed is for the Local Agency/Clinic report level.
Enrollment and Certification

Section 2 - 1.3.3 : Breastfeeding Duration (Postpartum Support) ** ADHS Disabled on Menu 08/04/09 ***

Priority: Required

Window: Breastfeeding Duration (Postpartum Support)

Report: Yes


Narrative:

This Window provides information on duration of breastfeeding broken down by type of postpartum support contact method.

Sort Criteria (Major to Minor):

  ORGANIZATIONAL UNIT CODE (ASC)
  CONTACT METHOD (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.3.1 : Breastfeeding Duration - Postpartum Support Criteria

![Figure 237 - Breastfeeding Duration - Postpartum Support Criteria](image)

**Fields:**

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional.

**Report Level** - The organization level the report will be run at. The available options are Local Agency/Clinic, Local Agency, State. This field is required.

**Date Range From/Thru** - The date range the report will be run for. This field is required.

**Button(s):**

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.
## Section 2 - 1.3.3.2: Breastfeeding Duration - Postpartum Support Report

Report Name: XXXXXXXX
Report Date: MM/DD/YYYY

Arizona WIC Program

Breastfeeding Duration (Postpartum Support)
Date Range From: MM/DD/YYYY Thru: MM/DD/YYYY
(Report Level)

Local Agency: XXXXXXXXXXXXXX
Clinic: XXXXXXXXXXXXXXXXXXX

<table>
<thead>
<tr>
<th>Prevalent Contact Method</th>
<th>Duration in Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>*</td>
</tr>
<tr>
<td></td>
<td>*</td>
</tr>
<tr>
<td></td>
<td>*</td>
</tr>
<tr>
<td></td>
<td>**</td>
</tr>
<tr>
<td></td>
<td>**</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Qty</th>
<th>Pct</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXXXX</td>
<td>ZZ9</td>
<td>ZZ.99%</td>
</tr>
<tr>
<td>Clinic Totals:</td>
<td>ZZ9</td>
<td>ZZ.99%</td>
</tr>
<tr>
<td>Local Agency Totals:</td>
<td>ZZ9</td>
<td>ZZ.99%</td>
</tr>
<tr>
<td>State Totals:</td>
<td>ZZ9</td>
<td>ZZ.99%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Promotional Items</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Qty</th>
<th>Pct</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXXXX</td>
<td>ZZ9</td>
<td>ZZ.99%</td>
</tr>
<tr>
<td>Clinic Totals:</td>
<td>ZZ9</td>
<td>ZZ.99%</td>
</tr>
<tr>
<td>Local Agency Totals:</td>
<td>ZZ9</td>
<td>ZZ.99%</td>
</tr>
</tbody>
</table>

* Infants 6-8 mo. of Age
** Infants 12-15 mo. of Age
*** All Infants

### Figure 238 - Breastfeeding Duration - Postpartum Support Report
Calculation(s):

Prevalent Contact Method

**Qty (Ever BF)** - The number of infant participants that ever breastfed with active certs. and under 15 months of age during the date range by contact method.

**Pct (Ever BF)** - The percentage of infant participants that were breastfed with active certs. and under 15 months of age during the date range by contact method \( \frac{\text{Qty (Ever BF)}}{\# \text{ of Infant participants with active certs. and under 15 months of age during the date range}} \)

**Qty (1-3 wks, 4-12 wks, 13-25 wks)** - The number of infant participants with active certs. and 6 to 8 mo. of age during the date range that breastfed in the time frame defined by the column heading by contact method.

**Pct (1-3 wks, 4-12 wks, 13-25 wks)** - The percentage of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that breastfed in the time frame defined by the column heading by contact method. \( \frac{\text{Qty (1-3 wks, 4-12 wks, 13-25 wks)}}{\# \text{ of breastfed Infant participants with active certs. and 6 to 8 mo. of age during the date range}} \)

**Qty (BF>= 6 mo)** - The number of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that breastfed for at least six months (including those still BFing) by contact method.

**Pct (BF>= 6 mo)** - The percentage of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that breastfed for at least six months (including those still BFing) by contact method. \( \frac{\text{Qty (BF>= 6 mo)}}{\# \text{ of breastfed Infant participants with active certs. and 6 to 8 mo. of age during the date range}} \)

**Qty (26-51 wks, 52 wks)** - The number of participants with active certs. and 12 to 15 mo. of age during the date range that quit breastfeeding in the time frame defined by the column heading by contact method.

**Pct (26-51 wks, 52 wks)** - The percentage of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that quit breastfeeding in the time frame defined by contact method. \( \frac{\text{Qty (26-51 wks, 52 wks)}}{\# \text{ of breastfed participants with active certs. and 12 to 15 mo. of age during the date range}} \)

**Qty (BF>= 12 mo)** - The number of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that breastfed for at least 12 months (including those still BFing) by contact method.

**Pct (BF>= 12 mo)** - The percentage of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that breastfed for at least 12 months (including those still BFing) by contact method. \( \frac{\text{Qty (BF>= 12 mo)}}{\# \text{ of breastfed Infant participants with active certs. and 12 to 15 mo. of age during the date range}} \)

**Qty (Totals)** - Column total

**PCT (Totals)** - The percentage of breastfeeding infant participants with active certs. and age range that quit during the time period defined by the column heading.
Promotional Items

**Qty (Ever BF)** - The number of infant participants that ever breastfed with active certs. and under 15 months of age during the date range by promotional item.

**Pct (Ever BF)** - The percentage of infant participants that were breastfed with active certs. and under 15 months of age during the date range by promotional item (Qty (Ever BF) / # of Infant participants with active certs. and under 15 months of age during the date range)

**Qty (1-3 wks, 4-12 wks, 13-25 wks)** - The number of infant participants with active certs. and 6 to 8 mo. of age during the date range that quit breastfeeding in the time frame defined by the column heading by promotional item.

**Pct (1-3 wks, 4-12 wks, 13-25 wks)** - The percentage of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that quit breastfeeding in the time frame by promotional item. (Qty (1-3 wks, 4-12 wks, 13-25 wks) / Number of breastfed Infant participants with active certs. and 6 to 8 mo. of age during the date range)

**Qty (BF>= 6 mo)** - The number of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that breastfed for at least six months (including those still BFing) by promotional item.

**Pct (BF>= 6 mo)** - The percentage of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that breastfed for at least 6 months (including those that are still breastfeeding) by promotional item. (Qty (BF>= 6 mo) / Number of breastfed Infant participants 6 to 8 mo. of age with active certs. during the date range)

**Qty (26-51 wks, 52 wks)** - The number of participants with active certs. and 12 to 15 mo. of age during the date range that quit breastfeeding in the time frame defined by the column heading by promotional item.

**Pct (26-51 wks, 52 wks)** - The percentage of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that quit breastfeeding in the time frame by promotional item. (Qty (26-51 wks, 52 wks) / Number of breastfed participants with active certs. and 12 to 15 mo. of age during the date range)

**Qty (BF>= 12 mo)** - The number of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that breastfed for at least 12 months (including those still BFing) by promotional item.

**Pct (BF>= 12 mo)** - The percentage of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that breastfed for at least 12 months (including those still BFing) by promotional item. (Qty (BF>= 12 mo) / Number of breastfed Infant participants with active certs. and 12 to 15 mo. of age during the date range)

**Qty(Totals)** - Column total

**PCT(Totals)** - The percentage of breastfeeding infant participants with active certs. and age range that quit during the time period defined by the column heading.

Duration calculations

To compute the duration for those that are still breastfeeding - (Last Health history date - Date of Birth).
To compute the duration for those that have quit breastfeeding - (Age of Infant when breastfeeding ended (health data element) in the latest health assessment in the date range entered)

**Background Process(es):**
This report has the same layout for each report level selected. The clinic total line is not displayed when Local Agency or State are selected as the report level. The Local Agency total line is not displayed when State is selected as the report level.

Note: There may be participants that are still breastfeeding that are counted in the BF >= 6 mo and also counted in the BF >= 12 mo. There may also be participants that quit breastfeeding that are counted in the BF >= 6 mo and BF >= 12 mo and also counted in the 26 - 51 wks and 52 wks columns.
Enrollment and Certification

Section 2 - 1.3.4 : Number of Breastfeeding Contacts by Contact Method ** ADHS disabled on menu - 08/04/09 **

Priority: Required

Window: Number of Breastfeeding Contacts by Contact Method Criteria

Report: Yes


Narrative:

This Window produces a summary of the number of contacts with breastfeeding women broken down by contact method.

Sort Criteria (Major to Minor):
ORGANIZATIONAL UNIT CODE (ASC)
CONTACT METHOD (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.4.1: Number of Breastfeeding Contacts by Contact Method Criteria

Figure 239 - Number of Breastfeeding Contacts by Contact Method Criteria

Fields:

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - The user selects the level of reporting that will be produced: Local Agency/Clinic, Local Agency or State

**Date Range From/Thru** – The user enters the date range that the report will select records on. This field is required.

Button(s):

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.
Section 2 - 1.3.4.2 : Number of Breastfeeding Contacts by Contact Method Report

Report Name: XXXXXXXX  Arizona WIC Program  Page: ZZZ9
Report Date: MM/DD/YYYY  Number of Breastfeeding Contacts by Contact Method  Date Range From: MM/DD/YYYY Thru: MM/DD/YYYY  (Report Level)

Local Agency: XXXXXXXXXXXXX  Clinic: XXXXXXXXXXXXX
Contacts During Breastfeeding

<table>
<thead>
<tr>
<th>Contact Method</th>
<th>1-2</th>
<th>3-5</th>
<th>6-10</th>
<th>11-15</th>
<th>16+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXXXXXXXXX</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
</tr>
</tbody>
</table>

Clinic Totals:  ZZ9  ZZ9  ZZ9  ZZ9  ZZ9  ZZ9
Local Agency Totals:  ZZ9  ZZ9  ZZ9  ZZ9  ZZ9  ZZ9
State Totals:  ZZ9  ZZ9  ZZ9  ZZ9  ZZ9  ZZ9

Figure 240 - Number of Breastfeeding Contacts by Contact Method Report

Calculations

**Count** - The number of breastfeeding contacts for each contact method.

**Totals** - Totals by clinic, local agency or state depending on the Report Level selected.

Background Processes

This report has the same layout for each report level selected. The clinic total line is not displayed when Local Agency or State are selected as the report level. The Local Agency total line is not displayed when State is selected as the report level.
**Enrollment and Certification**

**Section 2 - 1.3.5** : Annual Breastfeeding Duration

**Priority:** Required

**Window:** Annual Breastfeeding Duration

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This Window produces a summary/Detail report showing the number and percentage of WIC infant breastfeeding Participants who maintained a level of breastfeeding for an associated number of Days, weeks and Months, based on the following conditions:

1. Client must have a valid certification during the at the end of the month of March of the Reporting Year.
2. Client's age must be between 6-14 or 12-24 months during the month of April of the reporting year.
3. Client must have at least 1 breastfeeding survey records prior to the 'May-15th' of the Reporting Year. If more than one breastfeeding survey records exist, then the report will look at the latest survey data prior to 'May-15'

Note: Late pickups need to be included in this report, therefore cut off date for the breastfeeding collection date is 'May-15th' and not the 'May-1st')

**Sort Criteria (Major to Minor):**
- ORGANIZATIONAL UNIT CODE (ASC)
- Client ID (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification
Section 2 - 1.3.5.1 Breastfeeding Duration Criteria

![Image of Annual Breastfeeding Duration Criteria Form]

**Fields:**

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Report Type** - The user selects the type of report to run: Summary or Detail.

**Report Level** - The user selects the level of reporting that will be produced: Local Agency/Clinic, Local Agency or State.

**Reporting Year** - The user enters a year in YYYY format.

**Agency** - The user selects any agency from the list of values. Default is ‘ALL’. If logged into the Local Agency database, then this field defaults to the logged in Agency; no other agency will be presented.

**Clinic** - The user selects a clinic from the list of values. Default is ‘ALL’.

**Age Group** - The user selects an age group to run the report for: 0-6 Months (default), 6-12 Months or 12-24 Months.
### Button(s):

**Previous** -Displays the previous page of the report being previewed.  
**Next** - Displays the next page of the report being previewed.  
**Run Report** - Clicking on this button allows the user to run the report.  
**Cancel** - Clicking on this button allows the user to cancel the report.

### Section 2 - 1.3.5.2  : Report Layout (Detail)

<table>
<thead>
<tr>
<th>Client ID</th>
<th>Birth Date</th>
<th>Breastfeeding Duration</th>
<th>Currently Breastfeeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXX</td>
<td>MM/DD/YYYY</td>
<td>XX XX XX</td>
<td>Yes/No</td>
</tr>
<tr>
<td>XXXXXXX</td>
<td>MM/DD/YYYY</td>
<td>XX XX XX</td>
<td>Yes/No</td>
</tr>
<tr>
<td>XXXXXXX</td>
<td>MM/DD/YYYY</td>
<td>XX XX XX</td>
<td>Yes/No</td>
</tr>
<tr>
<td>XXXXXXX</td>
<td>MM/DD/YYYY</td>
<td>XX XX XX</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

Total: XXXX

**Figure 242** – Annual Breastfeeding Duration Report (Detail)

### Sort Criteria (Major to Minor):

Organizational Unit Org. Code (ASC)

Client ID:

**Fields:**

**Client ID** – Client ID  
**Birth Date** – Client’s date of birth  
**Breastfeeding Duration Days** – Count the number of days the infant breastfed  
**Breastfeeding Duration Weeks** – Count the number of weeks the infant breastfed  
**Breastfeeding Duration Months** – Count the number of months the infant breastfed  
**Currently Breastfeeding** – Yes/No switch

Note: If ‘currently Breastfeeding’ is ‘Yes’ then ‘Breastfeeding Duration columns will display 0’s.
### Section 2 - 1.3.5.3 Report Layout (Summary):

<table>
<thead>
<tr>
<th>BF Duration</th>
<th>Count</th>
<th>IFF</th>
<th>%</th>
<th>IPN</th>
<th>%</th>
<th>IEN</th>
<th>%</th>
<th>C1</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 4 Days</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>5 to 7 Days</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total:</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>0 to 1 Week</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>1 to 2 Weeks</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>2 to 3 Weeks</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>3 to 4 Weeks</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>4 to 5 Weeks</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>5 to 6 Weeks</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>6 to 7 Weeks</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>7 to 8 Weeks</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>8 to 9 Weeks</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>9 to 10 Weeks</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>10 to 11 Weeks</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>11 to 12 Weeks</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>12 to 13 Weeks</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>13 to 14 Weeks</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>14 to 15 Weeks</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>15 to 16 Weeks</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total:</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>0 to 1 Month</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>1 to 2 Months</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>2 to 3 Months</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>3 to 4 Months</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>4 to 5 Months</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>5 to 6 Months</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>6 to 7 Months</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>7 to 8 Months</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>8 to 9 Months</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>9 to 10 Months</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>10 to 11 Months</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>11 to 12 Months</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total:</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>0 to 6 Months</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>6 to 12 Months</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>12 to 18 Months</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>18 to 24 Months</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total:</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
<td>XXXX</td>
<td>XXX</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
**Figure 242 A – Annual Breastfeeding Duration Report (Summary)**

**Sort Criteria (Major to Minor):**
Organizational Unit Org. Code (ASC)

**Fields:**

**Total Infants:** Count of all Child/infants being reported

**Currently Breastfeeding** – Count Child/infants who are currently breastfeeding

**Count** – Count the number of infants, within specified age group, not currently breastfeeding (for each duration period)

**%** – The percentage of infants, within specified age group, not currently breastfeeding (for each duration period)

**Count (Category)** - Count the number of infants, within specified age group, not currently breastfeeding (for each duration period) and category

**% (Category)** – The percentage of infants, within specified age group, not currently breastfeeding (for each duration period) and category

**Calculations**

When running at the summary level here is the logic of the breastfeeding duration:

- 0 to 4 Days -- Exactly 0 to 4 Days
- 5 to 7 Days -- Exactly 5 to 7 Days
- 0 to 1 weeks -- Between 0 and up to 1 week
- 1 to 2 weeks -- Greater than 1 and up to 2 weeks
- 2 to 3 weeks -- Greater than 2 and up to 3 weeks; and so forth...

**Background Processes:**

If the user logs in from 'Aim Central' all levels are accessible and the user can run the report for one or all agencies.

If the user is logged in at Agency level, the user can only run the report for the logged in agency.

The user can also run the report at 'Local Agency/Clinic' level, for all or one clinic within the logged in Agency.

Local Agency 88 – ITCA Farmer’s Market will be excluded from the Local Agency list. They don’t collect client’s data.
Enrollment and Certification

Section 2 - 1.3.6 : Reasons Stopped Breastfeeding ** ADHS disabled on menu - 08/04/09 **

Priority: Required

Report: Yes


Narrative:

This Window provides information on reasons why participants stopped breastfeeding.

Sort Criteria (Major to Minor):
ORGANIZATIONAL UNIT CODE (ASC)
REASON BF ENDED (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.6.1: Reasons Stopped Breastfeeding Criteria

Figure 243 - Reasons Stopped Breastfeeding Criteria

Fields:

Output Device - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
Filename - The user enters the name of a file that the report is to be saved to. This field is optional.
Number of Copies - The user enters the number of copies of this report to be generated. This field is optional, the default is one.
Report Level - The user selects the organization level the report will be run at: State, Local Agency, Local Agency/Clinic, State/Local Agency
Date Range From/Thru - The user enters the date range that the report will select records on. This field is required.

Button(s):

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.
### Section 2 - 1.3.6.2: Reasons Stopped Breastfeeding Report

**Report Name:** XXXXXXXX  
**Report Date:** MM/DD/YYYY  
**Arizona WIC Program**  
**Reasons Stopped Breastfeeding**  
**Date Range From:** MM/DD/YYYY Thru: MM/DD/YYYY  
(Report Level)

**Local Agency:** XXXXXXXXXXXXXX  
**Clinic:** XXXXXXXXXXXXXXXXXXXX

<table>
<thead>
<tr>
<th>Reasons Stopped</th>
<th>1-2 mo</th>
<th>3-5 mo</th>
<th><strong>6-11 mo</strong></th>
<th><strong>12 mo</strong></th>
<th><strong>BF≥6 mo</strong></th>
<th><strong>26-51 wks</strong></th>
<th><strong>52 wks</strong></th>
<th><strong>BF≥12 mo</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever BF</td>
<td>1-3 wks</td>
<td>4-12 wks</td>
<td>13-25 wks</td>
<td>BF≥6 mo</td>
<td>26-51 wks</td>
<td>52 wks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qty Pct</td>
<td>Qty Pct</td>
<td>Qty Pct</td>
<td>Qty Pct</td>
<td>Qty Pct</td>
<td>Qty Pct</td>
<td>Qty Pct</td>
<td>Qty Pct</td>
<td>Qty Pct</td>
</tr>
</tbody>
</table>

- **Ever BF**
  - Infants 6-8 mo. of Age
  - Infants 12-15 mo. of Age
  - All Infants

* Figure 244 - Reasons Stopped Breastfeeding Report
Calculations

**Qty (Ever BF)** - The number of infant participants that ever breastfed with active certs. and under 15 months of age during the date range by the reason stopped.

**Pct (Ever BF)** - The percentage of infant participants that were breastfed with active certs. and under 15 months of age during the date range by the reason stopped (Qty (Ever BF) / # of Infant participants with active certs. and under 15 months of age during the date range)

**Qty (1-3 wks, 4-12 wks, 13-25 wks)** - The number of infant participants with active certs. and 6 to 8 mo. of age during the date range that quit breastfeeding in the time frame defined by the column heading by the reason stopped.

**Pct (1-3 wks, 4-12 wks, 13-25 wks)** - The percentage of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that quit breastfeeding in the time frame by the reason stopped. (Qty (1-3 wks, 4-12 wks, 13-25 wks) / Number of breastfed Infant participants with active certs. and 6 to 8 mo. of age during the date range)

**Qty (26-51 wks, 52 wks)** - The number of participants with active certs. and 12 to 15 mo. of age during the date range that quit breastfeeding in the time frame defined by the column heading by the reason stopped.

**Pct (26-51 wks, 52 wks)** - The percentage of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that quit breastfeeding in the time frame by the reason stopped. (Qty (26-51 wks, 52 wks) / Number of breastfed participants with active certs. and 12 to 15 mo. of age during the date range)

**Qty(Totals)** - Column total

**PCT(Totals)** - The percentage of breastfeeding infant participants with active certs. and age range that quit during the time period defined by the column heading.

The duration for those that have quit breastfeeding - (Age of Infant when breastfeeding ended (health data element) in the latest health assessment in the date range entered)

Background Processes

This report has the same layout for each report level selected. The clinic total line is not displayed when Local Agency or State are selected as the report level. The Local Agency total line is not displayed when State is selected as the report level.
Enrollment and Certification

Section 2 - 1.3.7 : Breastfeeding by Age Report

Priority: Required

Window: Breastfeeding by Age

Report: Yes


Narrative:

This report summarizes the results of the breastfeeding surveillance survey in the AIM application for WIC participants. The report has three different parts. The top part of the report is the header, which is the report level. The report levels consist of the all levels, local agency/clinic level, the local agency level, and the state level. Then the next part is the lines, which are the age of the clients. The ages are in days, in weeks, in months, and in groups of months. The last part is for the detail items for each age. These items are the actual breastfeeding data that are the responses to the breastfeeding surveillance survey. The report shows how many infants never were breastfed and ever were breastfed. Also the report shows for infants that ever breastfed how many are exclusively breastfeeding or partially breastfeeding as well as infants who stopped breastfeeding. The report shows whether there is missing data to responses to the ever breastfed question and the currently breastfed question from the survey. The user can run the report for a particular local agency or all local agencies.

Sort Criteria (Major to Minor):

    ORGANIZATIONAL UNIT CODE (ASC)
    AGE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.7.1 : Breastfeeding by Age Report Criteria

**Figure 244A:** Breastfeeding by Age Report Criteria

*Fields:*

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - Drop down list showing level of printing (All, Local Agency/Clinic, Local Agency, State). This field is required.

**Reporting Month** - The month and year that is converted to a fiscal month and year when the client participated in WIC. This field is required.

**Local Agency** - The user selects any agency from the list of values. Default is ‘ALL’. If logged into the Local Agency database, then this field defaults to the logged in Agency; no other agency will be presented.

*Button(s):*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.
### Section 2 - 1.3.7.2 Breastfeeding By Age Report Layout

#### Arizona WIC Program

<table>
<thead>
<tr>
<th>Report Name: CR_BF_BY_AGE</th>
<th>Breastfeeding By Age</th>
<th>Report No: CR1004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Date: 12/9/2005</td>
<td>From Mar-05 Thru: Oct-05</td>
<td>Database: AIM02</td>
</tr>
<tr>
<td>Local Agency: 08 Mohave County Dept of Health and Social SVCS</td>
<td>Clinic: 01 Kingman Wic</td>
<td>User: WICADM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Local Agency:</th>
<th>Clinic:</th>
<th>Page:</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 Mohave County Dept of Health and Social SVCS</td>
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### Arizona WIC Program

**Report Name:** CR_BF_BY_AGE  
**Report Date:** 12/9/2005  
**From:** Mar-05  
**Thru:** Oct-05  
**Database:** AIM02  
**User:** WICADM  
**Local Agency:** 08 Mohave County Dept of Health and Social SVCS  
**Clinic:** 01 Kingman  

#### Infants That Have Ever Breastfeed

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#### All Infants

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### Breastfeeding By Age

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### Breastfeeding By Age

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<td>751</td>
<td>39.0%</td>
</tr>
</tbody>
</table>
Calculations

**Age in Days** - The age in days is the difference between the breastfeeding surveillance data date and the client’s birth date.

**Age in Weeks** - The age in weeks is the difference between the breastfeeding surveillance data date and the client’s birth date. Since Oracle does not have a database function for weeks, the report actually uses the weeks in days, to calculate the age.

**Age in Months** - The age in months is the months between the breastfeeding surveillance data date and the client’s birth date.

**Age in Months Grouping** - The age in months is the months between the breastfeeding surveillance data date and the client’s birth date.

**Never Breastfed** - It represents the number of all infants with a ‘No’ response to the ever breastfed question from the survey and the percentage of the total of all infants.

**Ever Breastfed** - It represents the number of all infants with a ‘Yes’ response to the ever breastfed question from the survey and the percentage of the total of all infants.

**Missing Data for All Infants** - It represents when there is no response to the ever breastfed question from the survey.

**Total All Infants** - It represents the sum of the responses of all infants to the ever breastfed question from the survey, which includes the missing responses.

**Exclusive** - It represents infants with a ‘Yes’ response to the ever breastfed question, with a ‘Yes’ response to the currently breastfeeding question in the survey, and there is no response to the other than breast milk question. The percentage of these infants who are exclusively breastfeeding of the total currently breastfeeding is displayed in the report.

**Partial** - It represents infants with a ‘Yes’ response to the ever breastfed question, with a ‘Yes’ response to the currently breastfeeding question in the survey, and there is a response to the other than breast milk question. The percentage of these infants who are partially breastfeeding of the total currently breastfeeding is displayed in the report.

**All Currently** - It represents the sum of the infants with a ‘Yes’ response to the ever breastfed question and with a ‘Yes’ response to the currently breastfeeding question in the survey.

**Stopped BF** - It represents the number of the infants with a ‘Yes’ response to the ever breastfed question and with a ‘No’ response to the currently breastfeeding question in the survey.

**Missing Data for Ever Breastfed** - It represents when there is a response to the ever breastfed question from the survey but no response to the currently breastfeeding question in the survey.

**Ever Breastfed Total** - It represents a sum of infants with a ‘Yes’ response to the ever breastfed question and both the ‘Yes’ and ‘No’ responses to the currently breastfeeding question from the survey as well as no response to the currently breastfeeding question from the survey.

**Total Never Breastfed** - It represents the total of the number of all infants with a ‘No’ response to the ever breastfed question from the survey and the percentage of the total of all infants. There is a total for days, one for age in weeks, one for months, and one for group of months.

**Total Ever Breastfed** - It represents the total of the number of all infants with a ‘Yes’ response to the ever breastfed question from the survey and the percentage of the total of all infants. There is a total for days, one for age in weeks, one for months, and one for group of months.

**Total Missing Data** - It represents the total of no responses to the ever breastfed question from the survey. There is a total for days, one for age in weeks, one for months, and one for group of months.

**Total All Infants Total** - It represents the total of the sum of the responses for all infants to the ever breastfed question from the survey, which includes the missing responses. There is a total for days, one for age in weeks, one for months, and one for group of months.

**Total Exclusive** - It represents the total of the number of infants with a ‘Yes’ response to the ever breastfed question, with a ‘Yes’ response to the currently breastfeeding question in the survey, and there is no response to the other than breast milk question. There is a total for days, one for age in weeks, one for months, and one for group of months.
**Total Partial** - It represents the total of the number of infants with a ‘Yes’ response to the ever breastfed question, with a ‘Yes’ response to the currently breastfeeding question in the survey, and there is a response to the other than breast milk question. There is a total for days, one for age in weeks, one for months, and one for group of months.

**Total Stopped BF** - It represents the total of the number of infants with a ‘Yes’ response to the ever breastfed question and with a ‘No’ response to the currently breastfeeding question in the survey. There is a total for days, one for age in weeks, one for months, and one for group of months.

**Total Missing Data for Ever Breastfed** - It represents the total when there is a response to the ever breastfed question from the survey but no response to the currently breastfeeding question in the survey. There is a total for days, one for age in weeks, one for months, and one for group of months.

**Total Ever Breastfed Total** - It represents the total of the sum of infants with a ‘Yes’ response to the ever breastfed question and both the ‘Yes’ and ‘No’ responses to the currently breastfeeding question from the survey as well as no response to the currently breastfeeding question from the survey. There is a total for days, one for age in weeks, one for months, and one for group of months.
Enrollment and Certification

Section 2 - 1.3.8 : Nutrition Education Monitoring

Priority: Required

Window: Nutrition Education Monitoring Criteria

Report: Yes


Narrative:

This Window produces a report of number of nutrition education contacts for the participant based on the length of certification. This report is only run at the local agency level.

Sort Criteria (Major to Minor):

ORGANIZATIONAL UNIT CODE (ASC)
CLIENT NUTR ED DATE (ASC)
CLIENT ID (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.8.1 : Nutrition Education Monitoring Criteria

Figure 245 - Nutrition Education Monitoring Criteria

Fields:

Output Device - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
Filename - The user enters the name of a file that the report is to be saved to. This field is optional.
Number of Copies - The user enters the number of copies of this report to be generated. This field is optional, the default is one.
Date Range From/Thru - The user enters the date range the report will be run for.
Agency - The user selects any agency from the list of values. Default is ‘ALL’. If logged into the Local Agency database, then this field defaults to the logged in Agency; no other agency will be presented.
Clinic - The user selects a corresponding clinic from the list of values. Default is ‘ALL’

Button(s):

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.
### Section 2 - 1.3.8.2 : Nutrition Education Monitoring Report

Report Name: cr_nutr_ed_provided  
**Arizona WIC Program**  
Database: aimcen  
Report Date: mm/dd/yyyy  
Secondary Nutrition Education  
From mm/dd/yyyy Thru mm/dd/yyyy  
User: wicadm  
Local Agency: 99 Xxxxxxxxxxxxxxxxxxxxx  
Clinic: 99 Xxxxxxxxxxxxxxxxxxxxxxxxxxxx  
Page 999 of 999

Local Agency: 99 Xxxxxxxxxxxxxxxxxxxxx  
Clinic: 99 Xxxxxxxxxxxxxxxxxxxxxxxxxxxx  
Category: XX Xxxxxxxxxxx

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<td>9</td>
</tr>
<tr>
<td>9999999999</td>
<td>Xxxxxxxx, Xxxxxxxx</td>
<td>XXX</td>
<td>Do Not Contact</td>
<td>9</td>
</tr>
<tr>
<td>9999999999</td>
<td>Xxxxxxxx, Xxxxxxxx</td>
<td>XXX</td>
<td>999-999-9999</td>
<td>9</td>
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<td>999-999-9999</td>
<td>9</td>
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<tr>
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<td>Xxxxxxxx, Xxxxxxxx</td>
<td>XXX</td>
<td>Do Not Contact</td>
<td>9</td>
</tr>
</tbody>
</table>

…Note: This report is only run by the Local Agency.

**Figure 246 - Nutrition Education Monitoring Report**
Calculations

Count of number of nutrition education contacts for the participant based on the length of certification.

Background Processes

None
Enrollment and Certification

Section 2 - 1.3.9 : Second Nutrition Education Contact

Priority: Required

Window: Second Nutrition Education Contact Criteria

Report: Yes


Narrative:

This Window produces a report which calculates the percentages and counts of participants who have had the required nutritional education contacts in a given certification period by categories.

Sort Criteria (Major to Minor):
   ORGANIZATIONAL UNIT CODE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.9.1 : Second Nutrition Education Contact Criteria

![Figure 248 - Second Nutrition Education Contact Criteria](image)

**Fields:**

- **Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
- **Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.
- **Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.
- **Agency** - The user selects any agency from the list of values. Default is ‘ALL’. If logged into the Local Agency database, then this field defaults to the logged in Agency; no other agency will be presented.
- **Clinic** - The user selects a corresponding clinic from the list of values. Default is ‘ALL’.
- **From Date/Thru** - The user enters the date range that the report will select records on. This field is required.
- **Category** - The user selects a category from the list of values. Default is ‘All Categories’

**Button(s):**

- **Previous** - Displays the previous page of the report being previewed.
- **Next** - Displays the next page of the report being previewed.
- **Run Report** - Clicking on this button allows the user to run the report.
- **Cancel** - Clicking on this button allows the user to cancel the report.
Section 2 - 1.3.9.2 : Second Nutrition Education Contact Report

Report Name: cr_sec_nut_ed_status  
Report Date: mm/dd/yyyy

**Arizona WIC Program**  
Secondary Nutrition Education Contact Status  
From mm/dd/yyyy Thru mm/dd/yyyy  
Local Agency: 99 Xxxxxxxxxxxxxxxxxxxxxxxxx  
Clinic: 99 Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx  
Category: XXX

Local Agency: 99 Xxxxxxxxxxxxxxxxxxxxxxxxx  
Clinic: 99 Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

**Category: Infants 0-3 months of cert period**

<table>
<thead>
<tr>
<th>Total</th>
<th>1st NE</th>
<th>% 1st-NE</th>
<th>2nd NE</th>
<th>% 2nd-NE</th>
<th>3rd NE</th>
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**Category: Infants 4-6 months of cert period**

<table>
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**Category: Infants 7-9 months of cert period**

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**Category: Infants 10-12 months of cert period**

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**Category: Children**

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**Category: Pregnant Women First Trimester**

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**Category: Pregnant Women Second and Third Trimester**

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**Category: Post Partum Women**

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**Category: Breastfeeding Women 0-3 months of cert period**

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**Category: Breastfeeding Women 4-6 months of cert**

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**Category: Breastfeeding Women 7-9 months of cert**

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### Category: Breastfeeding Women 10-12 months of cert

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<th>% 2&lt;sup&gt;nd&lt;/sup&gt;-NE</th>
<th>3&lt;sup&gt;rd&lt;/sup&gt; NE</th>
<th>% 3&lt;sup&gt;rd&lt;/sup&gt;-NE</th>
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<th>% 4&lt;sup&gt;th&lt;/sup&gt;-NE</th>
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### Clinic Totals

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<th>3&lt;sup&gt;rd&lt;/sup&gt; NE</th>
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...Repeat for each Clinic

### Local Agency Totals

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</table>

...Repeat for each Local Agency

### State Totals

<table>
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<th>2&lt;sup&gt;nd&lt;/sup&gt; NE</th>
<th>% 2&lt;sup&gt;nd&lt;/sup&gt;-NE</th>
<th>3&lt;sup&gt;rd&lt;/sup&gt; NE</th>
<th>% 3&lt;sup&gt;rd&lt;/sup&gt;-NE</th>
<th>4&lt;sup&gt;th&lt;/sup&gt; NE</th>
<th>% 4&lt;sup&gt;th&lt;/sup&gt;-NE</th>
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<td>999,999</td>
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<td>999,999</td>
<td>99.99%</td>
</tr>
</tbody>
</table>

### Figure 249 - Second Nutrition Education Contact Report
Calculations

Certifications - Total certifications by category.
Secondary NE Contacts – Number of contacts by category and certification period.
Percentages - The percentage of clients with NE contacts to certifications.

Clinic Totals:
Certifications - Total certifications by clinic.
Secondary NE Contacts - Total number of contacts by category by clinic.
Percentages - The percentage of clients with NE contacts to certifications.

Local Agency Totals:
Certifications - Total certifications by LA.
Secondary NE Contacts - Total number of contacts by category by LA.
Percentages - The percentage of clients with NE contacts to certifications.

State Totals:
Certifications - Total certifications.
Secondary NE Contacts - Total number of contacts by category.
Percentages - The percentage of clients with NE contacts to certifications.

Background Processes

None
Enrollment and Certification

Section 2 - 1.3.10 : Income Documentation

Priority: Required

Window: Income Documentation

Report: Yes


Narrative:

This Window produces a report of the number of WIC Participants using each method of documenting income. Each individual documenting method is counted and there is mixing of incomes verified by different methods.

Sort Criteria (Major to Minor):

- ORGANIZATIONAL UNIT CODE (ASC)
- INCOME VERIFICATION DESCRIPTION (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.10.1 : Income Documentation Criteria

Figure 251 - Income Documentation Criteria

**Fields:**

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - The user selects the level of reporting: Local Agency/Clinic, Local Agency or State. If State or Local Agency is selected the Summary report is produced. Default is Local Agency/Clinic.

**Button(s):**

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.
### Section 2 - 1.3.10.2 Income Documentation Report

**Report Name:** CR_INCOME_VERIFCTN

**Report Date:** MM/DD/YYYY

---

**Arizona WIC Program**

**WIC Income Documentation**

(Report Level)

**Local Agency:** XX XXXXXXXXXXX

**Clinic:** XX XXXXXX

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<th>Income Documentation Type</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8+</th>
<th>Total</th>
<th>Avg. Amount</th>
<th>Avg. Monthly Income</th>
</tr>
</thead>
</table>

**Income Documentation Type Total:**


**Adjunctive Eligibility Total:**


**Clinic Total:**


**Local Agency:**


---

**Figure 252 - Income Documentation Report**
Section 2 - 1.3.10.3: Income Documentation Summary Report

Report Date: MM/DD/YYYY
Report #

Arizona WIC Program
WIC Income Documentation Summary

(State or Local) Agency: XX XXXXXXXXXXXX

<table>
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<tr>
<th>Income Documentation Type</th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8+</th>
<th>Total</th>
<th>Avg. Amount</th>
<th>Avg. Monthly Income</th>
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</thead>
<tbody>
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Income Documentation Type Total:
Adjunctive Eligibility Total:
Clinic Total:
Agency Total:

Figure 253 - Income Documentation Summary Report
**Calculations**

Count of enrollees by income verification method by family size by clinic and local agency.
Average amount of income by income verification method by clinic and local agency.
Average monthly income by income verification method by clinic and local agency.
Count of enrollees by family size by clinic and local agency.
Average monthly income by method by clinic and local agency.
Average adjunctively eligible income by family size by clinic and local agency.

**Background Processes**

None
Enrollment and Certification

Section 2 - 1.3.11 : Food Packages by Category

Priority: Required

Window: Food Packages by Category

Report: Yes


Narrative:

This Window produces a listing of food packages by category.

Sort Criteria (Major to Minor):

- ORGANIZATIONAL UNIT CODE (ASC)
- FOOD PACKAGE ID (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.11.1 : Food Packages by Category Criteria

![Image of Food Packages by Category Criteria]

**Figure 254** - Food Packages by Category Criteria

*Fields:*

- **Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
- **Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.
- **Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.
- **Date Range From/Thru** - The user enters the date range that the report will select records on. This field is required.
- **Report Level** - The user selects the level of reporting: Local Agency or State.

*Button(s):*

- **Previous** - Displays the previous page of the report being previewed.
- **Next** - Displays the next page of the report being previewed.
- **Run Report** - Clicking on this button allows the user to run the report.
- **Cancel** - Clicking on this button allows the user to cancel the report.
### Section 2 - 1.3.11.2: Food Packages by Category Report

**Report Name:** CR_FOOD_PATTERN_CAT  
**Report Date:** MM/DD/YYYY HH:MI:SS AM  
**Arizona WIC Program**  
**Food Packages By Category**  
**Effective Dates:** From: MM/DD/YYYY  
**Thru:** MM/DD/YYYY  
(Report Level)

**Local Agency:** XX XXXXXXXXXXXXXXX

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**Local Agency:** XX ZZ.ZZ9 ZZ.ZZ9 ZZ.ZZ9 ZZ.ZZ9 ZZ.ZZ9 ZZ.ZZ9 ZZ.ZZ9 ZZ.ZZ9 ZZ.ZZ9 ZZ.ZZ9 ZZ.ZZ9 ZZ.ZZ9 ZZ.ZZ9 ZZ.ZZ9

**Figure 255** - Food Packages by Category Report
### Section 2 - 1.3.11.3: Food Packages by Category Summary Report

**Report Name:** CR_FOOD_PATTERN_CAT  
**Report Date:** MM/DD/YYYY HH:MI:SS AM  
**Arizona WIC Program**  
**Food Packages By Category**  
**Effective Dates From:** MM/DD/YYYY  
**Thru:** MM/DD/YYYY  
**(Report Level)**  
**Database:** XXXXXXXX  
**User:** XXXXXXXX  
**Page:** ZZ9 of ZZ9

**State Agency:** XX XXXXXXXXXXXXXXXXX

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<td>XXXX</td>
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<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
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<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
</tr>
<tr>
<td>XXXX</td>
<td>XXXX</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
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<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
</tr>
<tr>
<td>XXXX</td>
<td>XXXX</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
</tr>
</tbody>
</table>

**State Agency:** XX ZZ9 ZZ9 ZZ9 ZZ9 ZZ9 ZZ9 ZZ9 ZZ9 ZZ9 ZZ9 ZZ9 ZZ9 ZZ9 ZZ9 ZZ9

**Figure 256 - Food Packages by Category Summary Report**
**Calculations**

Category Counts = Count of participants by category and package ID
Row Totals = Count of participants across all categories by package ID.

Local Agency Column Totals = Sum(Category column)
State Agency Column Totals = Sum(Category column)

**Background Processes**

None
Enrollment and Certification

Section 2 - 1.3.12 : Formula Usage

Priority: Required

Window: Formula Usage Initiation Window

Report: Yes


Narrative:

This Window provides information on a statewide basis regarding the issuance of different formula types (regular infant formulas and/or “special” formulas). The report is used to monitor adherence to state policy regarding formula issuance, to detail expenditures for formula type, and/or to alert management of participants received certain formula types in the event of a formula recall.

Sort Criteria (Major to Minor):
- CATEGORY ID (ASC)
- ORGANIZATIONAL UNIT CODE (ASC)
- FOOD ID (ASC)
- FOOD ID (ASC)
- LAST NAME (ASC)
- FIRST NAME (ASC)
- FOOD ID (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.12.1 : Formula Usage Criteria

Figure 257 - Formula Usage Criteria

Fields:

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**From Date/Thru** - The user enters the date range that the report will select records on. This field is required.

**Agency** - The user selects any agency from the list of values. Default is ‘ALL’. If logged into the Local Agency database, then this field defaults to the logged in Agency; no other agency will be presented.

**Clinic** - The user selects a corresponding clinic from the list of values. Default is ‘ALL’.

**Category** - The user selects a category from the list of values. Default is ‘All Categories’.

Button(s):

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.
Section 2 - 1.3.12.2 : Formula Usage Report

Arizona WIC Program

Formula Usage

Database: xxxxxx
User: xxxxxx
Page x of y

Report: FR_FORMULA_USAGE
Report Date: MM/DD/YYYY

Issue Month From: MM/DD/YYYY Thru: MM/DD/YYYY
Local Agency: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Clinic: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Category: xxxxxx

Category xxx xxxxxxxxxxxxxxxxxxxxxxx

Local xx xxxxxxxxxxxxxxxxxxxxxxx
Clinic xx xxxxxxxxxxxxxxxxxxxxxxx

<table>
<thead>
<tr>
<th>Formula Type</th>
<th>Formula ID</th>
<th>Description</th>
<th>Number of</th>
<th>Food</th>
<th>Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Formula</td>
<td>xxx</td>
<td>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</td>
<td></td>
<td>xxxxx</td>
<td></td>
</tr>
<tr>
<td>Non-Rebate</td>
<td>xxx</td>
<td>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</td>
<td></td>
<td>xxxxx</td>
<td></td>
</tr>
</tbody>
</table>

Details of

<table>
<thead>
<tr>
<th>Formula Type</th>
<th>Formula ID</th>
<th>Name (Last, First)</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Formula</td>
<td>xxx</td>
<td>xxxxxxx, xxxxxxx</td>
<td>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</td>
<td>(xxx) xxx-xxxx</td>
</tr>
<tr>
<td>Non-Rebate</td>
<td>xxx</td>
<td>xxxxxxx, xxxxxxx</td>
<td>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</td>
<td>(xxx) xxx-xxxx</td>
</tr>
</tbody>
</table>

Figure 258 - Formula Usage Report

Calculations

Participants - Count of participants by formula type and food package.

Background Processes

None
Section 2 - 1.3.13 : LA Infant Formula Report

Priority: Required

Window: LA Infant Formula Report Initiation Window

Report: Yes


Narrative:

This Window provides information on a Local Agency basis. It will display the unduplicated count of formula issuance and the type of formula issued to participants who are infants, women and children.

Sort Criteria (Major to Minor):
None

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.13.1 : LA Infant Formula Report Criteria

Figure 257 – LA Infant Formula Report Usage Criteria

**Fields:**

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - The user selects the level of reporting: Local Agency/Clinic, Local Agency or State. This field is required.

**Report Month MM/YYYY** – The user enters the month and year that the report will select records on. This field is required.

**Agency** - The user selects any agency from the list of values. Default is ‘ALL’. If logged into the Local Agency database, then this field defaults to the logged in Agency; no other agency will be presented.

**Clinic** - The user selects a corresponding clinic from the list of values. Default is ‘ALL’.

**Button(s):**

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.
## Section 2 - 1.3.13.2: LA Infant Formula Report

### I. Contract Regular Infant Formulas

<table>
<thead>
<tr>
<th>Formula</th>
<th>Infant Pct(Inf)</th>
<th>Women</th>
<th>Children</th>
<th>Pct(W/C)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isomil Advance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powdered</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>MTF (≥2 oz each)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Concentrate</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Total Isomil</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Similar Advance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powdered</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>MTF (≥2 oz each)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Concentrate</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Total Similarac</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Similar Sensitive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powdered</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>MTF (≥2 oz each)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Concentrate</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Total Sensitive</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Total Contract</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
</tbody>
</table>

### II. Ross RTF Regular Infant Formulas

<table>
<thead>
<tr>
<th>Formula</th>
<th>Infant Pct(Inf)</th>
<th>Women</th>
<th>Children</th>
<th>Pct(W/C)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isomil Advance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MTF (≥2 oz or less)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Total Isomil</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Similar Advance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MTF (≥2 oz or less)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Total Similarac</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Total Ross</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
</tbody>
</table>

### III. Prescription Formulas

#### A. Non-Contract Regular Infant Formulas with Prescription

<table>
<thead>
<tr>
<th>Formula</th>
<th>Infant Pct(Inf)</th>
<th>Women</th>
<th>Children</th>
<th>Pct(W/C)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk-Based:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concentrate</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Powdered</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>E77 (≥2 oz)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>E77 (≤8 oz)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>E77 (all others)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Total Milk-Based</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
</tbody>
</table>

Figure 258 – LA Infant Formula Report
Calculations

Unduplicated counts of infant formula issued to infants, women and children during the requested reporting period.

Background Processes

None
Enrollment and Certification

Section 2 - 1.3.14 : Alcohol and Drug Prevalence

Priority: Required

Window: Alcohol and Drug Prevalence Initiation Window

Report: Yes


Narrative:

This report will give the number and percentage of women in each category using alcohol (in specific amounts) and drugs at enrollment to WIC and at re-certification visit.

The information can be used to determine if WIC intervention made a difference in use and or amount of usage of alcohol or drugs.

Sort Criteria (Major to Minor):
ORGANIZATIONAL UNIT CODE (ASC)
CATEGORY (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.14.1 : Alcohol and Drug Prevalence Criteria

**Fields:**

- **Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
- **Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.
- **Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.
- **Dates From/Thru** – The user enters the date range that the report will select records on. This field is required.
- **Report Level** - The user selects the level of reporting: Local Agency/Clinic, State/Local Agency, State, and Local Agency. Default is Local Agency/Clinic. If State or Local Agency is selected the Summary report is generated.

**Button(s):**

- **Previous** - Displays the previous page of the report being previewed.
- **Next** - Displays the next page of the report being previewed.
- **Run Report** - Clicking on this button allows the user to run the report.
- **Cancel** - Clicking on this button allows the user to cancel the report.
### Section 2 - 1.3.14.2: Alcohol and Drug Prevalence Report

**Report Name:** CR_ALCOHOL_DRUG_PREV  
**Database:** XXXXXX  
**User:** XXXXXX

**Arizona WIC Program**  
**Alcohol and Drug Prevalence**  
**From:** MM/DD/YYYY **Thru:** MM/DD/YYYY  
(Remarkable Level)

<table>
<thead>
<tr>
<th>Local Agency: XX XXXXXXXXXXXX</th>
<th>Clinic: XX XXXXXXXXXXX</th>
<th>Report Date: MM/DD/YYYY HH:MI:SS AM</th>
<th>User: XXXXXX</th>
</tr>
</thead>
</table>

**Alcohol (Drinks/wk) at Enrollment**

<table>
<thead>
<tr>
<th>Category</th>
<th>1-2</th>
<th>3-6</th>
<th>7+</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXX</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Totals</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

**Drug Use**

<table>
<thead>
<tr>
<th>Category</th>
<th>1-2</th>
<th>3-6</th>
<th>7+</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXX</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Totals</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

**Alcohol (Drinks/wk) at Recert**

<table>
<thead>
<tr>
<th>Category</th>
<th>1-2</th>
<th>3-6</th>
<th>7+</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXX</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Totals</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

**Figure 260 - Alcohol and Drug Prevalence Report**
Calculations

Clinic Calculations:
Count of participants by category by drinks per week (drinks/day x drinking days/week) by clinic at enrollment.
Percentage of participants by category by drinks per week (drinks/day x drinking days/week) by clinic at enrollment.
Count of participants by category by drug usage by clinic.
Percentage of participants by category by drug usage by clinic at enrollment.
Count of participants by category by drinks per week (drinks/day x drinking days/week) by clinic at re-certification.
Percentage of participants by category by drinks per week (drinks/day x drinking days/week) by clinic at re-certification.
Count of participants by category by drug usage by clinic at re-certification.
Percentage of participants by category by drug usage by clinic at re-certification.

Local Agency Calculations:
Count of participants by category by drinks per week (drinks/day x drinking days/week) by Local Agency at enrollment.
Percentage of participants by category by drinks per week (drinks/day x drinking days/week) by Local Agency at enrollment.
Count of participants by category by drug usage by Local Agency.
Percentage of participants by category by drug usage by Local Agency at enrollment.
Count of participants by category by drinks per week (drinks/day x drinking days/week) by Local Agency at re-certification.
Percentage of participants by category by drinks per week (drinks/day x drinking days/week) by Local Agency at re-certification.
Count of participants by category by drug usage by Local Agency at re-certification.
Percentage of participants by category by drug usage by Local Agency at re-certification.

State Agency Calculations:
Count of participants by category by drinks per week (drinks/day x drinking days/week) Statewide at enrollment.
Percentage of participants by category by drinks per week (drinks/day x drinking days/week) Statewide at enrollment.
Count of participants by category by drug usage Statewide.
Percentage of participants by category by drug usage Statewide at enrollment.
Count of participants by category by drinks per week (drinks/day x drinking days/week) Statewide at re-certification.
Percentage of participants by category by drinks per week (drinks/day x drinking days/week) Statewide at re-certification.
Count of participants by category by drug usage Statewide at re-certification.
Percentage of participants by category by drug usage Statewide at re-certification.

Background Processes
None
Enrollment and Certification

Section 2 - 1.3.15  : Nutritional Risks by Category

Priority: Required

Window: Nutritional Risks by Category Initiation Window

Report: Yes


Narrative:

This Window provides the number and percent of caseload by nutritional risk factor and category. It can be used to track the number / percentage of participants in each risk factor for each category. The user can select to run either a detailed report, which will provide risk/client information by each category, or a summary report, which offers risk/client information by total women, infants, and children.

Sort Criteria (Major to Minor):

- ORGANIZATIONAL UNIT CODE (ASC)
- RISK FACTOR (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
**Section 2 - 1.3.15.1** : Nutritional Risk by Category Criteria

![Diagram of Nutrition Risk by Category Criteria](image)

**Figure 261** - Nutritional Risk by Category Criteria

**Fields:**

- **Output Device**: The user selects the output device the report will be sent to from the list of values. This field is optional, the default is display.
- **Filename**: The user enters the name of a file that the report is to be saved to. This field is optional.
- **Number of Copies**: The user enters the number of copies of this report to be generated. This field is optional, the default is one.
- **Issue Dates From/Thru**: The date range that the report will select records on. This field is required.
- **Report Style**: The user selects the style of reporting: Summary or Summary/Detail
- **Agency**: The user selects any agency from the list of values. Default is ‘ALL’. If logged into the Local Agency database, then this field defaults to the logged in Agency; no other agency will be presented.
- **Clinic**: The user selects a corresponding clinic from the list of values. Default is ‘ALL’.

**Button(s):**

- **Previous**: Displays the previous page of the report being previewed.
- **Next**: Displays the next page of the report being previewed.
- **Run Report**: Clicking on this button allows the user to run the report.
- **Cancel**: Clicking on this button allows the user to cancel the report.
Section 2 - 1.3.15.2 : Nutritional Risk by Category Detail Report

**Report Name:** CR_NUTR_RISK_BY_CAT  
**Report Date:** MM/DD/YYYY HH:MI:SS AM

<table>
<thead>
<tr>
<th>Nutritional Risk</th>
<th>EN PCT</th>
<th>PN PCT</th>
<th>PN+ PCT</th>
<th>P PCT</th>
<th>PG1 PCT</th>
<th>PG2 PCT</th>
<th>W/Total PCT</th>
<th>IFF PCT</th>
<th>IEN PCT</th>
<th>IPN PCT</th>
<th>IPN+ PCT</th>
<th>I/Total PCT</th>
<th>C1 PCT</th>
<th>C2 PCT</th>
<th>C3 PCT</th>
<th>C4 PCT</th>
<th>C/Total PCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXX</td>
<td>999.99%</td>
<td>999.99%</td>
<td>999.99%</td>
<td>999.99%</td>
<td>999.99%</td>
<td>999.99%</td>
<td>999.99%</td>
<td>999.99%</td>
<td>999.99%</td>
<td>999.99%</td>
<td>999.99%</td>
<td>999.99%</td>
<td>999.99%</td>
<td>999.99%</td>
<td>999.99%</td>
<td>999.99%</td>
<td></td>
</tr>
</tbody>
</table>

**Local Agency:** ALL LOCAL AGENCIES  
**Clinic:** ALL CLINICS

**Arizona WIC Program**  
**Database:** XXXXXX  
**Issue Dates From:** MM/DD/YYYY Thru: MM/DD/YYYY  
**Report Style:** SUMMARY/DETAIL

**Figure 263** - Nutritional Risk by Category Report
<table>
<thead>
<tr>
<th>Local Agency</th>
<th>Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>XX XXXXXXXXXX</td>
<td>X XXXXXXXXXX</td>
</tr>
</tbody>
</table>

### Nutritional Risk

<table>
<thead>
<tr>
<th>Nutritional Risk</th>
<th>W/Total</th>
<th>I/Total</th>
<th>C/Total</th>
<th>RF Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>999.9</td>
<td>9999</td>
<td>9999</td>
<td>9999</td>
<td>9999</td>
</tr>
<tr>
<td>XXXXXXXXXX</td>
<td>999.99%</td>
<td>999.99%</td>
<td>999.99%</td>
<td>999.99%</td>
</tr>
</tbody>
</table>

**Section 2 - 1.3.15.3**: Nutritional Risk by Category Summary Report

**Figure 264**: Nutritional Risk by Category Summary Report
Calculations

Participant Number – COUNT (Participants) for the Category and Nutritional Risk Factor
% – Participant Number by Category / Total Participation
(W)omen Total – Total all participants in the following categories (EN, PN, P, PG1 & PG2)
(I)nfants Total – Total all participants in the following categories (IFF, IEN & IPN)
(C)hildren Total – Total all participants in the following categories (C1, C2, C3, C4, & C5)
Risk Factor (RF) Total – Women Total + Infants Total + Children Total
Total Participation – COUNT all Participants

Background Processes

None
Enrollment and Certification

Section 2 - 1.3.16 : Entry into WIC by Women

Priority: Required

Window: Entry into WIC by Women Initiation Window

Report: Yes


Narrative:

This Window produces entry into WIC for all pregnant and postpartum WIC women by source of health care provider. It is used to track the types of health care pregnant and postpartum women are using, and the timeliness of their referral to WIC.

Sort Criteria (Major to Minor):

- ORGANIZATIONAL UNIT CODE (ASC)
- SOURCE HEALTH CARE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.16.1  : Entry into WIC by Women Criteria

Fields:

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Issue Dates From/Thru** - The user enters the date range that the report will select records on. This field is required.

**Report Level** - The user selects the level of reporting: LA/Clinic, State/LA, State, and Local Agency. Default is LA/Clinic. If State or Local Agency is selected the Summary report is generated.

Button(s):

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.
### Arizona WIC Program
**Entry Into WIC By Women**
**Issue Dates From: MM/DD/YYYYT**
(Report Level)

**Local Agency: XX XXXXXXXXXXXX**

<table>
<thead>
<tr>
<th>Source of Health Care</th>
<th>1st (0-13 Weeks)</th>
<th>2nd (14-26 Weeks)</th>
<th>3rd (27+ Weeks)</th>
<th>Total Pregnant</th>
<th>Postpartum</th>
<th>Total Women</th>
</tr>
</thead>
</table>

**Clinic Totals:** ZZ,ZZ9 ZZ9.99% ZZ,ZZ9 ZZ9.99% ZZ,ZZ9 ZZ9.99% ZZ,ZZ9 ZZ9.99%


---

**Figure 266** - Entry into WIC by Women Report
### Section 2 - 1.3.16.3 : Entry into WIC by Women Summary Report

**Report Name:** CR_TRIMESTER_ENTRY  
**Report Date:** MM/DD/YYYY

**Arizona WIC Program**  
**Entry Into WIC By Women**  
**Issue Dates From:** MM/DD/YYYY

**Summary**

<table>
<thead>
<tr>
<th>Source of Health Care</th>
<th>1st (0-13 Weeks)</th>
<th>2nd (14-26 Weeks)</th>
<th>3rd (27+ Weeks)</th>
<th>Total Pregnant</th>
<th>Postpartum</th>
<th>Total Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>XX XXXXXXXXXX</td>
<td>ZZ.ZZ ZZ.99%</td>
<td>ZZ.ZZ ZZ.99%</td>
<td>ZZ.ZZ ZZ.99%</td>
<td>ZZ.ZZ ZZ.99%</td>
<td>ZZ.ZZ ZZ.99%</td>
<td>ZZ.ZZ ZZ.99%</td>
</tr>
<tr>
<td>XX XXXXXXXXXX</td>
<td>ZZ.ZZ ZZ.99%</td>
<td>ZZ.ZZ ZZ.99%</td>
<td>ZZ.ZZ ZZ.99%</td>
<td>ZZ.ZZ ZZ.99%</td>
<td>ZZ.ZZ ZZ.99%</td>
<td>ZZ.ZZ ZZ.99%</td>
</tr>
<tr>
<td>XX XXXXXXXXXX</td>
<td>ZZ.ZZ ZZ.99%</td>
<td>ZZ.ZZ ZZ.99%</td>
<td>ZZ.ZZ ZZ.99%</td>
<td>ZZ.ZZ ZZ.99%</td>
<td>ZZ.ZZ ZZ.99%</td>
<td>ZZ.ZZ ZZ.99%</td>
</tr>
</tbody>
</table>

**Clinic Totals:**  
ZZ.ZZ ZZ.99%  ZZ.ZZ ZZ.99%  ZZ.ZZ ZZ.99%  ZZ.ZZ ZZ.99%  ZZ.ZZ ZZ.99%  ZZ.ZZ ZZ.99%

**Local Agency Totals:**  
ZZ.ZZ ZZ.99%  ZZ.ZZ ZZ.99%  ZZ.ZZ ZZ.99%  ZZ.ZZ ZZ.99%  ZZ.ZZ ZZ.99%  ZZ.ZZ ZZ.99%

---

**Figure 267** - Entry into WIC by Women Summary Report

---

CMA Consulting Services  
August 2010
Calculations

1st (0 - 13 Weeks), 2nd (14 - 26 Weeks), 3rd (27+ Weeks)
Count of pregnant participants by source of health care by trimester of entry into WIC by Report Level. Percentage of pregnant participants by source of health care by trimester of entry into WIC by Report Level x 100%.

Total Pregnant
Count of pregnant participants by source of health care by Report Level. Percentage of pregnant participants by source of health care by Report Level x 100%.

Postpartum
Count of postpartum women by source of health care by Report Level. Percentage of postpartum women by source of health care by Report Level x 100%.

Total Women
Count of women participants by source of health care by Report Level. Percentage of women participants by source of health care by Report Level x 100%.

Local Agency / State Totals

1st (0 - 13 Weeks), 2nd (14 - 26 Weeks), 3rd (27+ Weeks)
Count of pregnant participants by trimester of entry into WIC by Report Level. Percentage of pregnant participants by trimester of entry into WIC by Report Level x 100%.

Total Pregnant
Count of pregnant participants by Report Level. Percentage of pregnant participants by Report Level x 100%.

Postpartum
Count of postpartum women by Report Level. Percentage of postpartum women by Report Level x 100%.

Total Women
Count of women participants by Report Level. Percentage of women participants by Report Level x 100%.

Report Level referenced in the above calculations is either Clinic, Local Agency, or State depending on the Report Level selected on the parameter screen.

Background Processes

None
**Enrollment and Certification**

**Section 2 - 1.3.17 : Client Transfers**

**Priority:** Required

**Window:** Client Transfers Initiation Window

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This window provides information on all in-state transfers.

**Sort Criteria (Major to Minor):**

- ORGANIZATIONAL UNIT CODE (ASC)
- CLIENT ID (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification
Section 2 - 1.3.17.1 : Client Criteria

Figure 268 - Client Transfers Criteria

Fields:

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Transfer Dates From/Thru** - The user enters the date range to run the report for. This field is required.

**Agency** - The user selects any agency from the list of values. Default is ‘ALL’. If logged into the Local Agency database, then this field defaults to the logged in Agency; no other agency will be presented.

**Clinic** - The user selects a corresponding clinic from the list of values. Default is ‘ALL’.

**Category** - The user selects any category from the list of values. Default is ‘ALL’.

**Priority** - The user selects any priority from the list of values. Default is ‘ALL’.

Button(s):

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.
Section 2 - 1.3.17.2 : Client Transfers Report

Figure 269 - Client Transfers Report

Calculations

None

Background Processes

This report is generated through the end of day process at both the gaining and losing agency.
Enrollment and Certification

Section 2 - 1.3.18 : Dual Enrollment / Participation

Priority: Required

Window: Dual Enrollment / Participation Initiation Window

Report: Yes


Narrative:
List of possible dual enrollment/participation for local agency research and response to the State WIC Agency. The user has the option to run 1 of 3 dual enrollment reports, the AZ WIC vs AZ CSF, InterAgency (ITCA/NAVAJO/ report. The AZ WIC vs AZ CSF report lists all potential dual enrollee/participation between and within WIC and CSF that have not been previously resolved. The Inter-Agency reports list potential dual enrollee/participation between the state WIC agency and ITCA or Navajo Nation WIC agencies.

Prior to running the Inter Agency/ITCA reports, the user must load the Participation file from the other Agency by running the "Inter Agency File Upload" screen in the System Administration module.

For the ‘Inter Agency/NAVAJO’ report, a process called ‘NAVAJO_DUAL_ENROLL’ is run on the first day of each month and uploads data into the ‘S_NAVAJO_WIC_CLIENTS’. The client records in that table will be used to check against the clients in the central database for the ‘Inter Agency/NAVAJO’ dual participations.

Sort Criteria (Major to Minor):
ORGANIZATIONAL UNIT CODE (ASC)
CLIENT ID (ASC)

Data Current As Of: Run Time

Frequency: On Demand, (monthly) or daily as part of End of Day

Role(s): Enrollment and Certification
Section 2 - 1.3.18.1 : Dual Enrollment / Participation Criteria

Figure 270 - Dual Enrollment / Participation Criteria

Fields:

Output Device - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
Filename - The user enters the name of a file that the report is to be saved to. This field is optional.
Number of Copies - The user enters the number of copies of this report to be generated. This field is optional, the default is one.
Report - The user selects the dual enrollment report to run: AZ WIC vs AZ CSFP or Inter-Agency.
Issue Month (MM/YYYY) - The user enters the date to run the report for. This field is required.

Button(s):

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.
### Section 2 - 1.3.18.2 : Dual Enrollment / Participation AZ WIC vs AZ CSFP Report

**Report Name:** CR_DUAL_ENROLLMENT  
**Report Date:** MM/DD/YYYY

**Arizona WIC Program**  
**Dual Enrollment / Participation**  
**AZ WIC vs AZ CSFP**

<table>
<thead>
<tr>
<th>Local Agency: XX XXXXXXXXXXXXXXX</th>
<th>Clinic: XX XXXXXXXXXXXXXXX</th>
</tr>
</thead>
<tbody>
<tr>
<td>L/A CLN Issue Site Part ID Partictpant Name Birth Date Address WIC Type Proc Code Cert Date Last Cashed Last Issuance Comments</td>
<td></td>
</tr>
<tr>
<td>XX XX XX XXXXXXXXX XXXXXXXXX, XXXXXXXXX MM/DD/YYYY XXX, XXXXXXXXX XXXXXXXXX X XX MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY</td>
<td></td>
</tr>
<tr>
<td>XX XX XX XXXXXXXXX XXXXXXXXX, XXXXXXXXX MM/DD/YYYY XXX, XXXXXXXXX XXXXXXXXX X XX MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY</td>
<td></td>
</tr>
<tr>
<td>XX XX XX XXXXXXXXX XXXXXXXXX, XXXXXXXXX MM/DD/YYYY XXX, XXXXXXXXX XXXXXXXXX X XX MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY</td>
<td></td>
</tr>
<tr>
<td>XX XX XX XXXXXXXXX XXXXXXXXX, XXXXXXXXX MM/DD/YYYY XXX, XXXXXXXXX XXXXXXXXX X XX MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 271 - Dual Enrollment / Participation AZ WIC vs AZ CSFP Report**
## Section 2 - 1.3.18.3 : Dual Enrollment / Participation Interagency Report

**Report Name:** CR_DUAL_ENROLLMENT  
**Report Date:** MM/DD/YYYY  
**Report No:** CR2402  
**Page:** ZZZ9

### Arizona WIC Program
**Dual Enrollment / Participation**  
**Inter-Agency**

---

**Local Agency:** XX Xxxxxxxxxxxxxx  
**Clinic:** XX Xxxxxxxxxxxxxx

<table>
<thead>
<tr>
<th>LA</th>
<th>CN</th>
<th>Issue Site</th>
<th>Part ID</th>
<th>Participant Name</th>
<th>Birth Date</th>
<th>Address</th>
<th>WIC Type</th>
<th>Prog. Code</th>
<th>Cert Date</th>
<th>Last Control</th>
<th>Last Issuance</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>X</td>
<td>XXXX XXXXXXXXXX. XXXXXXXXXX XXXXXXXXXX. XXXXXXXXXX MM/DD/YYYY XXXX. XXXXXXXXXX XXXXXXXXXX. XXXXXXXXXX</td>
<td>X</td>
<td>XX</td>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td></td>
</tr>
<tr>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>X</td>
<td>XXXX XXXXXXXXXX. XXXXXXXXXX XXXXXXXXXX. XXXXXXXXXX MM/DD/YYYY XXXX. XXXXXXXXXX XXXXXXXXXX. XXXXXXXXXX</td>
<td>X</td>
<td>XX</td>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td></td>
</tr>
<tr>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>X</td>
<td>XXXX XXXXXXXXXX. XXXXXXXXXX XXXXXXXXXX. XXXXXXXXXX MM/DD/YYYY XXXX. XXXXXXXXXX XXXXXXXXXX. XXXXXXXXXX</td>
<td>X</td>
<td>XX</td>
<td>MM/DD/YYYY</td>
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<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 272 - Dual Enrollment / Participation Interagency Report**
Calculations

None

Background Processes

The WIC Type column contains the Category of the participant. The Prog. Code column contains one of the following codes, State WIC - WC, CSF - CP, ITCA WIC - IT, Navajo Nation WIC - NN. The issue site applies to CSF, for WIC participants this column will be the same as the CLN column.

The criteria used to determine dual enrollment/participant candidates are:

1st Four Characters of Last Name
1st Six Characters of First Name
Birth Month and Year
Gender
Enrollment and Certification

Section 2 - 1.3.19 : WIC Ethnic Group Participation ** ADHS disabled on menu - 08/04/09 **

Priority: Required

Window: WIC Ethnic Group Participation Initiation Window

Report: Yes


Narrative:

This Window provides a summary listing of the ethnic groups participating in the WIC program and the number of Participants and percentages each ethnic group contains.

Sort Criteria (Major to Minor):

- ORGANIZATIONAL VALUE (ASC)
- RACE (ASC)
- ETHNIC GROUP (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.19.1 : WIC Ethnic Group Participation Criteria

![Figure 273 - WIC Ethnic Group Participation Criteria](image)

**Fields:**

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Issue Dates From/Thru** - The user enters the number of copies of this report to be generated. This field is required.

**Report Level** - The reporting level that will be produced. This field is required.

**Button(s):**

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.
## Section 2 - 1.3.19.2 : WIC Ethnic Group Participation

**Report Name:** CR_ETHNIC_GRP_PART  
**Report Date:** MM/DD/YYYY

### Arizona WIC Program  
**WIC Ethnic Group Participation**  
**Issue Month From:** MM/DD/YYYY **Thru:** MM/DD/YYYY

Local Agency: XX XXXXXXXXXXXXXXXXXXXX  
Clinic: XX XXXXXXXXXXXXXXXXXXXX

### Women

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Pregnant</th>
<th>Postpartum</th>
<th>Breastfeeding</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXXXXXXXXXXXXXX</td>
<td>ZZ,ZZ9</td>
<td>ZZ,ZZ9</td>
<td>ZZ,ZZ9</td>
<td>ZZ,ZZ9</td>
</tr>
</tbody>
</table>

### Children

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Children Age 1</th>
<th>Children Age 2</th>
<th>Children Age 3</th>
<th>Children Age 4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXXXXXXXXXXXXXX</td>
<td>ZZ,ZZ9</td>
<td>ZZ,ZZ9</td>
<td>ZZ,ZZ9</td>
<td>ZZ,ZZ9</td>
<td>ZZ,ZZ9</td>
</tr>
</tbody>
</table>

### Infants

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Infants Exclusively Breastfeeding (Nursing)</th>
<th>Breastfeeding</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXXXXXXXXXXXXXX</td>
<td>ZZ,ZZ9</td>
<td>ZZ,ZZ9</td>
<td>ZZ,ZZ9</td>
</tr>
</tbody>
</table>

**Figure 274 - WIC Ethnic Group Participation**
### Section 2 - 1.3.19.3 : WIC Ethnic Group Participation Summary Report

**Report Name:** CR_ETHNIC_GRP_PART  
**Report No:** CR2434  
**Report Date:** MM/DD/YYYY  
**Arizona WIC Program**  
**WIC Ethnic Group Participation**  
**Summary**  
**Issue Month From:** MM/DD/YYYY **Thru:** MM/DD/YYYY

**State Agency:** XX XXXXXXXXXXXXXXX  
**Race:** XXXXXXXXXXXXXXX  
**Women**

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Pregnant</th>
<th>Postpartum</th>
<th>Breastfeeding</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXXXXXXXXXXX</td>
<td>ZZ.ZZ</td>
<td>ZZ.ZZ</td>
<td>ZZ.ZZ</td>
<td>ZZ.ZZ</td>
</tr>
</tbody>
</table>

**Children**

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Children Age 1</th>
<th>Children Age 2</th>
<th>Children Age 3</th>
<th>Children Age 4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXXXXXXXXXXX</td>
<td>ZZ.ZZ</td>
<td>ZZ.ZZ</td>
<td>ZZ.ZZ</td>
<td>ZZ.ZZ</td>
<td></td>
</tr>
</tbody>
</table>

**Infants**

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Infants Exclusively Breastfeeding (Nursing)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXXXXXXXXXXX</td>
<td>ZZ.ZZ</td>
<td>ZZ.ZZ</td>
</tr>
<tr>
<td></td>
<td>ZZ9.99%</td>
<td>ZZ9.99%</td>
</tr>
<tr>
<td></td>
<td>ZZ9.99%</td>
<td>ZZ9.99%</td>
</tr>
</tbody>
</table>

**Figure 275 - WIC Ethnic Group Participation Summary Report**
Calculations

Total by ethnicity, priority and category (women).
Percent by ethnicity, priority and category (women).
Totals by ethnicity, priority and category (infant).
Percent by ethnicity, priority and category (infant).
Totals by ethnicity, priority and category (children).
Percent by ethnicity, priority and category (children).

Ethnicity by Category

<table>
<thead>
<tr>
<th>Ethnic Code</th>
<th>cat #1</th>
<th>cat #2</th>
<th>cat #3</th>
<th>cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>P#</td>
<td>P#</td>
<td>P#</td>
<td>P#</td>
</tr>
<tr>
<td>XXX</td>
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</tr>
<tr>
<td></td>
<td>%R</td>
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<td>%R</td>
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<tr>
<td></td>
<td>%C</td>
<td>%C</td>
<td>%C</td>
<td>%C</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td>100%</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>% TC</td>
</tr>
<tr>
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<td></td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>% TC</td>
</tr>
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<td>####</td>
<td>####</td>
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<td>%R</td>
<td>%R</td>
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<td>%R</td>
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<td>%C</td>
<td>%C</td>
<td>%C</td>
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<td></td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>% TC</td>
</tr>
</tbody>
</table>

Total |
| tot C | tot C | tot C | tot C | tot C | tot C | total all |
| %Cat  | %Cat  | %Cat  | %Cat  | %Cat  | %Cat  |

% R = percent in this ethnic group that fell into this category (row percentages)  
(ex. xx% of the Hispanic Women in WIC were Pregnant/Women priority 1)

\[
\frac{\text{Participants in this ethnic group, category and priority}}{\text{total # participants in this ethnic group}} \times 100
\]

% C = percent of participants in this category that are in this ethnic group (column percentages)  
(ex. xx% of the Pregnant/Women who were Hispanic)

\[
\frac{\text{Participants in this ethnic group, category and priority}}{\text{total # participants in this category}} \times 100
\]
TC = percent of total participants within this ethnic group (total column percentage)
(ex. xx% of WIC participants who were Hispanic)

\[
\frac{\text{Participants in this ethnic group}}{\text{total # WIC participants}} \times 100
\]

tot C = total # participants in this category

% cat = percent of WIC participants in this category
(ex. xx% of WIC participants that were Pregnant/Women)

\[
\frac{\text{Participants in this category (column total)}}{\text{total # WIC participants}} \times 100
\]

P#: priority number
###: Counts by ethnic group

Background Processes

None
Enrollment and Certification

Section 2 - 1.3.20 : High Risk Participants

Priority: Required

Window: High Risk Participants Initiation Window

Report: Yes


Narrative:

This Window produces a listing of participants whose priority level and risk factors place them at high risk.

Sort Criteria (Major to Minor):
  PRIORITY (ASC)
  LAST NAME (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.20.1 : High Risk Participants Criteria

![High Risk Participants Criteria](image)

**Figure 276 - High Risk Participants Criteria**

**Fields:**

- **Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
- **Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.
- **Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.
- **Issue Month & Year From/Thru** - The user enters the date to run the report for. This field is required.

**Button(s):**

- **Previous** - Displays the previous page of the report being previewed.
- **Next** - Displays the next page of the report being previewed.
- **Run Report** - Clicking on this button allows the user to run the report.
- **Cancel** - Clicking on this button allows the user to cancel the report.
### Section 2 - 1.3.20.2: High Risk Participants Report

Report Name: CR_HIGH_RISK_PART  
Report Date: MM/DD/YYYY  
Report No: CR2406  
Page: ZZZ9

**Arizona WIC Program**  
**High Risk Participants**  
Issued Dates From: MM/DD/YYYY Thru: MM/DD/YYYY

Local Agency: XX XXXXXXXXXXXX  
Clinic: XX XXXXXXXXXXXX

<table>
<thead>
<tr>
<th>Participants ID</th>
<th>Name</th>
<th>Category</th>
<th>Pickup Day</th>
<th>Pickup Interval</th>
<th>Cert. End Date</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXXX</td>
<td>XXXXXXXXXXXXX</td>
<td>XXX</td>
<td>XX</td>
<td>XXX</td>
<td>MM/DD/YYYY</td>
<td>XX</td>
</tr>
</tbody>
</table>

Total: ZZZZ9

**Figure 277 - High Risk Participants Report**
Calculations

**Total** - The number of high risk participants for each local agency.

*Background Processes*

None
Enrollment and Certification

Section 2 - 1.3.21 : Pregnant Participants

Priority: Required

Window: Pregnant Participants Initiation Window

Report: Yes


Narrative:
This Window provides an alphabetical listing of all pregnant participants including their telephone numbers and expected delivery dates.

Sort Criteria (Major to Minor):
- ORGANIZATIONAL UNIT CODE (ASC)
- EXPECTED DELIVERY DATE (ASC)
- LAST NAME (ASC)
- FIRST NAME (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.21.1 : Pregnant Participants Criteria

![Runtime Parameter Form](image)

**Figure 278** - Pregnant Participants Criteria

**Fields:**

**Output Device** – Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional. The default is one.

**Expected Delivery Date From/Thru** - The user enters the expected delivery date to run the report for. This field is required.

**Agency** - The user selects any agency from the list of values. Default is ‘ALL’. If logged into the Local Agency database, then this field defaults to the logged in Agency; no other agency will be presented.

**Clinic** - The user selects a corresponding clinic from the list of values. Default is ‘ALL’.

**Button(s):**

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.
## Section 2 - 1.3.21.2: Pregnant Participants Report

Report Name: CR_PREGNANT_PART  
Report Date: MM/DD/YYYY HH:MI:SS

### Arizona WIC Program

#### Pregnant Participants

Expected Delivery Dates From: MM/DD/YYYY To: MM/DD/YYYY  
Local Agency: ALL LOCAL AGENCIES  
Clinic: All CLINICS

<table>
<thead>
<tr>
<th>Name</th>
<th>Participant ID</th>
<th>Address/Phone</th>
<th>No Calls</th>
<th>No Mailing</th>
<th>Expected Delivery Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXXX XXXXXXXXXXXXX XXXX</td>
<td>XXXXX</td>
<td>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XX XXXXX-XXXX</td>
<td>X</td>
<td>X</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>Phone Number: (XXX) XXX-XXXX</td>
<td>Phone Type: XXXX</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Participant ID</th>
<th>Address/Phone</th>
<th>No Calls</th>
<th>No Mailing</th>
<th>Expected Delivery Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXXX XXXXXXXXXXXXX XXXX</td>
<td>XXXXX</td>
<td>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XX XXXXX-XXXX</td>
<td>X</td>
<td>X</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>Phone Number: (XXX) XXX-XXXX</td>
<td>Phone Type: XXXX</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Clinic Totals: XXXXXXX  
Local Agency Totals: XXXXXXX  
State Total: XXXXXXX

---

**Figure 279** - Pregnant Participants Report
Calculations

**Clinic Total** = Count(Pregnant Participants in the clinic with Expected delivery dates in date range)
**Local Agency Total** = Count(Pregnant Participants in the Local Agency with Expected delivery dates in date range)
**State Total** = Count(Pregnant Participants across the state with Expected delivery dates in date range)

*Background Processes*

A 'Y' in the Phone or Mail column indicates the staff may call/send to the participant, 'N' indicates the staff may not call/send to the participant.
Enrollment and Certification

Section 2 - 1.3.22 : Priority 1, 2, 3

Priority: Required

Window: Priority 1, 2, 3 Initiation Window

Report: Yes


Narrative:

This Window displays the number and percent of priorities 1,2,3’s served each month and the percent increase or decrease for each priority, group by categories. The report is used to track the number of 1,2,3’s served and to target unserved high risk groups through outreach efforts.

Sort Criteria (Major to Minor):
- ORGANIZATIONAL UNIT CODE (ASC)
- CATEGORY ID (ASC)
- PRIORITY (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.22.1: Priority 1,2,3 Criteria

![Figure 281 - Priority 1,2,3 Criteria](image)

**Fields:**

- **Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
- **Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.
- **Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.
- **Agency** - The user selects any agency from the list of values. Default is ‘ALL’. If logged into the Local Agency database, then this field defaults to the logged in Agency; no other agency will be presented.
- **Clinic** - The user selects a corresponding clinic from the list of values. Default is ‘ALL’.
- **Issue Month** - The user enters the date to run the report for. Default is ‘JAN’.
- **FFY** - The user enters the federal fiscal year to run the report for. This field is required.

**Button(s):**

- **Previous** - Displays the previous page of the report being previewed.
- **Next** - Displays the next page of the report being previewed.
- **Run Report** - Clicking on this button allows the user to run the report.
- **Cancel** - Clicking on this button allows the user to cancel the report
Section 2 - 1.3.22.2  Priority 1,2,3 Report

Report Name: CR_PRIORITY_123
Report Date: MM/DD/YYYY HH: MI: SS AM

Arizona WIC Program
Priority 1, 2, 3 Report
Issue Month: MM YYYY
Local Agency: ALL LOCAL AGENCIES
Clinic: ALL CLINICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Priority</th>
<th>Number Served</th>
<th>% Change Prev. Month</th>
<th>% Change Prev. Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXX</td>
<td>XX</td>
<td>XXXX</td>
<td>XXX.XX%</td>
<td>XXX.XX%</td>
</tr>
<tr>
<td>XXXXXXXXXX</td>
<td>XX</td>
<td>XXXX</td>
<td>XXX.XX%</td>
<td>XXX.XX%</td>
</tr>
<tr>
<td>XXXXXXXXXX</td>
<td>XX</td>
<td>XXXX</td>
<td>XXX.XX%</td>
<td>XXX.XX%</td>
</tr>
</tbody>
</table>

Clinic Total: XXXX  XXX.XX%  XXX.XX%
Agency Total: XXXX  XXX.XX%  XXX.XX%

Figure 282 - Priority 1, 2, 3 Report
Calculations:

**Number Served** - Count (participants for the month by category and priority)

**% Change Prev. Month** - Percentage of change (Increase or Decrease) in participation by category and priority over the previous month. \(((\text{Current month's participation by category and priority} / \text{Previous month's participation by category and priority}) - 1) \times 100\)

**% Change Prev. Year** - Percentage of change in participation (Increase or Decrease) by category and priority over the same month in the previous fiscal year. \(((\text{Current year's participation by category and priority} / \text{Previous year's participation by category and priority}) - 1) \times 100\)

**Clinic Total (Number Served)** - Sum (Number Served)

**Clinic Total (%Change Prev. Month)** - \(((\text{Current month's participation} / \text{Previous month's participation}) - 1) \times 100\)

**Clinic Total (%Change Prev. Year)** - \(((\text{Current month's participation} / \text{Previous month's participation}) - 1) \times 100\)

**State Total (Number Served)** - Sum (Number Served)

**State Total (%Change Prev. Month)** - \(((\text{Current month's participation} / \text{Previous month's participation}) - 1) \times 100\)

**State Total (%Change Prev. Year)** - \(((\text{Current month's participation} / \text{Previous month's participation}) - 1) \times 100\)

Background Processes:

None
Enrollment and Certification

Section 2 - 1.3.23: Terminations

Priority: Required

Window: Terminations Report Initiation Window

Report: Yes


Narrative:

This window provides information on all of terminations that have occurred during a user specified time frame. All terminations are shown whether they were system generated or manually entered.

Sort Criteria (Major to Minor):
TERMINATION REASON (ASC)
PARTICIPANT NAME

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.23.1: Terminations Criteria

Figure 284 - Terminations Criteria

*Fields:*

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - The user selects the level of reporting: State, State/Local Agency, Local Agency or Local Agency/Clinic. Default is State.

**Report Style** - The user selects the style of reporting: Summary/Detail or Summary Only. Default is Summary/Detail.

**Termination Date From/Thru** - The user enters the termination date range to run the report for. This field is required.

*Button(s):*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.
### Section 2 - 1.3.23.2: Terminations Report

**Report Name:** CR_TERMINATIONS  
**Report Date:** MM/DD/YYYY

---

**Arizona WIC Program**  
**Terminations**  
(Report Level)

**Termination Dates From:** MM/DD/YYYY **Thru:** MM/DD/YYYY

Local Agency: XX XXXXXXXXXXXXXXXX  
Clinic: XX XXXXXXXXXXXXXXXX

<table>
<thead>
<tr>
<th>Client ID</th>
<th>Name</th>
<th>Cert Start Date</th>
<th>Cert End Date</th>
<th>Category</th>
<th>Priority</th>
<th>Termination Date</th>
<th>Termination Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXX</td>
<td>XXXXXXXXXXXX XXXXXXXXXXXX</td>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td>XXX</td>
<td>XX</td>
<td>XXXXXXX</td>
<td>XXXXXXXX</td>
</tr>
<tr>
<td>XXXXXXXXXXXX</td>
<td>XXXXXXXXXXXX XXXXXXXXXXXX</td>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td>XXX</td>
<td>XX</td>
<td>XXXXXXX</td>
<td>XXXXXXXX</td>
</tr>
<tr>
<td>XXXXXXXXXXXX</td>
<td>XXXXXXXXXXXX XXXXXXXXXXXX</td>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td>XXX</td>
<td>XX</td>
<td>XXXXXXX</td>
<td>XXXXXXXX</td>
</tr>
</tbody>
</table>

Clinic Totals:

<table>
<thead>
<tr>
<th>Termination Reason</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXXXXXX</td>
<td>ZZ.ZZ9</td>
</tr>
</tbody>
</table>

---

**Figure 285 - Terminations Report**
Section 2 - 1.3.23.3 : Terminations Summary Report

Report Name: CR_TERMINATIONS
Report Date: MM/DD/YYYY

Arizona WIC Program Terminations Summary
Termination Dates From MM/DD/YYYY Thru: MM/DD/YYYY

State Agency: XX

<table>
<thead>
<tr>
<th>Count</th>
<th>Termination Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZZ, ZZ9</td>
<td>XXXXXXXXXXXX</td>
</tr>
</tbody>
</table>

Figure 286 - Terminations Summary Report

Calculations

Count - Count of all terminations by reason by organizational unit.

Background Processes

None
Enrollment and Certification

Section 2 - 1.3.24  : Transactions

Priority: Required

Window: Transactions Initiation Window

Report: Yes


Narrative:

This Window provides a listing of Participant certification, recertification and re-enrollment transactions. Certification is defined as the initial certification into the WIC Program. Recertification is a follow on certification based upon a previous certification with no break in enrollment. Re-enrollment is certification after a break in enrollment.

Sort Criteria (Major to Minor):

- ORGANIZATIONAL UNIT CODE (ASC)
- LAST NAME (ASC)
- FIRST NAME (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.24.1 : Transactions Criteria

Figure 287 - Transactions Criteria

*Fields:*

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Certification Start Dates From/Thru** - The user enters the certification start date range to run the report for. This field is required.

**Report Level** - The user selects the level of reporting: Local Agency/Clinic, Local Agency, State/Local Agency or State

**Report Style** - The user selects the style of reporting that will be produced: Summary/Detail or Summary Only.

*Button(s):*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.
### Arizona WIC Program

**Transactions**  
(Report Level)

Certification Start From: MM/DD/YYYY Thru MM/DD/YYYY  
Local Agency: XX XX.XXXXXXXXXXXXXXXXX  
Clinic: XX XX.XXXXXXXXXXXXXXXXX  
Program: WIC

<table>
<thead>
<tr>
<th>Name</th>
<th>Part ID</th>
<th>Transaction Type</th>
<th>Cert Start Date</th>
<th>Cert End Date</th>
<th>Cert Term Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>XX.XXXXXXXXXXXXXXXXX</td>
<td>XX.XXXXXXXXXXXXXXXXX</td>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td></td>
</tr>
<tr>
<td>XX.XXXXXXXXXXXXXXXXX</td>
<td>XX.XXXXXXXXXXXXXXXXX</td>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td></td>
</tr>
<tr>
<td>XX.XXXXXXXXXXXXXXXXX</td>
<td>XX.XXXXXXXXXXXXXXXXX</td>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td></td>
</tr>
</tbody>
</table>

Clinic: XX XX.XXXXXXXXXXXXXXXXX  
Totals: Transaction Type

<table>
<thead>
<tr>
<th>Transaction Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>XX.XXXXXXXXXXXXXXXXX</td>
<td>ZZ.ZZ9</td>
</tr>
<tr>
<td>XX.XXXXXXXXXXXXXXXXX</td>
<td>ZZ.ZZ9</td>
</tr>
<tr>
<td>XX.XXXXXXXXXXXXXXXXX</td>
<td>ZZ.ZZ9</td>
</tr>
</tbody>
</table>

Program: CSF

<table>
<thead>
<tr>
<th>Name</th>
<th>Part ID</th>
<th>Transaction Type</th>
<th>Cert Start Date</th>
<th>Cert End Date</th>
<th>Cert Term Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>XX.XXXXXXXXXXXXXXXXX</td>
<td>XX.XXXXXXXXXXXXXXXXX</td>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td></td>
</tr>
<tr>
<td>XX.XXXXXXXXXXXXXXXXX</td>
<td>XX.XXXXXXXXXXXXXXXXX</td>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td></td>
</tr>
<tr>
<td>XX.XXXXXXXXXXXXXXXXX</td>
<td>XX.XXXXXXXXXXXXXXXXX</td>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td></td>
</tr>
</tbody>
</table>

Clinic: XX XX.XXXXXXXXXXXXXXXXX  
Totals: Transaction Type

<table>
<thead>
<tr>
<th>Transaction Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>XX.XXXXXXXXXXXXXXXXX</td>
<td>ZZ.ZZ9</td>
</tr>
<tr>
<td>XX.XXXXXXXXXXXXXXXXX</td>
<td>ZZ.ZZ9</td>
</tr>
<tr>
<td>XX.XXXXXXXXXXXXXXXXX</td>
<td>ZZ.ZZ9</td>
</tr>
</tbody>
</table>

Program: WIC

Local Agency: XX XX.XXXXXXXXXXXXXXXXX  
Totals: Transaction Type

<table>
<thead>
<tr>
<th>Transaction Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>XX.XXXXXXXXXXXXXXXXX</td>
<td>ZZ.ZZ9</td>
</tr>
<tr>
<td>XX.XXXXXXXXXXXXXXXXX</td>
<td>ZZ.ZZ9</td>
</tr>
<tr>
<td>XX.XXXXXXXXXXXXXXXXX</td>
<td>ZZ.ZZ9</td>
</tr>
</tbody>
</table>

**Figure 288** - Transactions Report
### Section 2 - 1.3.24.3: Transactions Summary Report

**Report Name:** CR_TRANSACTIONS_RPT  
**Report No:** CR2431  
**Report Date:** MM/DD/YYYY  
**Page:** ZZZ9

#### Arizona WIC Program

**Transaction Report**

**Summary**  
Certification Start From: MM/DD/YYYY Thru: MM/DD/YYYY

---

**Agency:** XX XXXXXXXXXXXXXXXXXXXXXXXX

**Program: WIC**

<table>
<thead>
<tr>
<th>Transaction Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXXXXXXX</td>
<td>ZZZ.ZZ9</td>
</tr>
<tr>
<td>XXXXXXXXXXXXXXXXX</td>
<td>ZZZ.ZZ9</td>
</tr>
<tr>
<td>XXXXXXXXXXXXXXXXX</td>
<td>ZZZ.ZZ9</td>
</tr>
<tr>
<td>Totals:</td>
<td>ZZZZZZ9</td>
</tr>
</tbody>
</table>

**Program: CSF**

<table>
<thead>
<tr>
<th>Transaction Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXXXXXXX</td>
<td>ZZZ.ZZ9</td>
</tr>
<tr>
<td>XXXXXXXXXXXXXXXXX</td>
<td>ZZZ.ZZ9</td>
</tr>
<tr>
<td>XXXXXXXXXXXXXXXXX</td>
<td>ZZZ.ZZ9</td>
</tr>
<tr>
<td>Totals:</td>
<td>ZZZZZZ9</td>
</tr>
</tbody>
</table>

---

*Figure 289 - Transactions Summary Report*
Calculations

Transaction type is derived from system data.
Count of transaction types by clinic.
Count of transaction types by local agency.

Background Processes

The three transaction types are Certification, Re-Certification, and Re-Enrollment. Certification is defined as participants certified and found eligible for the program. Re-Certified is defined as a participant with a previous certification period that ended within 1 year of the new certification period. Re-Enrollment is defined as a participant with a previous certification period that ended over one year from the start of the new certification period.
Enrollment and Certification

Section 2 - 1.3.25 : Services Due

Priority: Required

Window: Services Due Initiation Window

Report: Yes


Narrative:
This Window produces an alphabetical listing of participants due for re-certification, mid-certification, assessment, secondary education, and high risk contact.

Sort Criteria (Major to Minor):
- ORGANIZATIONAL UNIT CODE (ASC)
- LAST NAME (ASC)
- FIRST NAME (ASC)
- SERVICE ID (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.25.1 : Services Due Criteria

Fields:

Output Device – Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename – The user may enter the name of a file that the report is to be saved in here. Optional.
Number of Copies – The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.
End Cert Date From/Thru – The user enters the cert end date range to run the report for. This field is required.
Service Type – The user selects the services to report on: Certifications Due, High Risk Due, Mid-Certifications Due, Secondary Nutrition Education Due, or All. Default is ‘ALL’.
Agency - The user selects any agency from the list of values. Default is ‘ALL’.
Clinic - The user selects a corresponding clinic from the list of values. Default is ‘ALL’.
Category - The user selects any category from the list of values. Default is ‘ALL’.
Priority - The user selects any priority from the list of values. Default is ‘ALL’.

Button(s):

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.
**Report Name:** CR_CERT_EVENTS_DUE  
**Report Date:** MM/DD/YYYY

---

**Arizona WIC Program**

---

**SERVICES DUE**

**End Cert Date From:** MM/DD/YYYY  
**Thru:** MM/DD/YYYY

**Service Type:** XXX

**Local Agency:** XXXXXXXXXXXXX

**Clinic:** XXXXXXXXXXXXX

**Category:** XXX

**Priority:** XXX

---

**Agency:** XX  
**Clinic:** XX  
**Name:** XXXXXXXX XXXXXXXX  
**Client ID:** XXXXXXXX

<table>
<thead>
<tr>
<th>Name</th>
<th>Client ID</th>
<th>Certification Date</th>
<th>High Risk</th>
<th>Priority</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXX</td>
<td>XXXXXXXX</td>
<td>MM/DD/YYYY</td>
<td>X</td>
<td>X</td>
<td>XXXXXXXXXXXXX</td>
</tr>
</tbody>
</table>

---

**Service:** XXXXXXXX  
**Totals:** X

---

**Figure 291 - Services Due Report**
Section 2 - 1.3.25.3 : Services Due Summary Report

Figure 292 - Services Due Summary Report

Calculations

Totals (Service) - Count(services by service type by organizational unit)
Totals (Local Agency) - Count(services by Local Agency)
Totals (State) - Count(services by State)

Background Processes

The criteria used for the services are:
Certification Due - Part. With Certification end dates within the date range and are still categorically eligible.
High Risk Due - High risk participants without an individual nutrition education contact either attended during the current certification period or scheduled in the future during the current certification period.
Mid-Certification Due - Infants without a medical update during the 6 - 8 month of age time frame.
Secondary Nutrition Education Due - Participant 4 mo. Into their certification period that have not attended a second nutrition education appointment or scheduled for one in the future.
Enrollment and Certification

Section 2 - 1.3.26 : Conditional Certifications

Priority: Required

Window: Conditional Certifications Initiation Window
Report: Yes


Narrative:

This report provides information on all conditional certifications (Income, Medical or Nutritional reasons) who will be ending conditional certification. Participants with self declared income have a 30 day conditional certification period. Participants with risk factor 503 and participants without approved risk factors (and no other risk factors) and without bloodwork have a 60 day conditional certification period.

Sort Criteria (Major to Minor):
  ORGANIZATIONAL UNIT CODE (ASC)
  CLIENT ID (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.26.1 : Conditional Certifications Criteria

![Figure 293 - Conditional Certifications Criteria](image)

**Fields:**

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Due Date From**/**Thru** – The user enters the due date range to run the report for. This field is required.

**Agency** - The user selects any agency from the list of values. Default is ‘ALL’.

**Clinic** - The user selects a corresponding clinic from the list of values. Default is ‘ALL’.

**Category** - The user selects any category from the list of values. Default is ‘ALL’.

**Priority** - The user selects any priority from the list of values. Default is ‘ALL’.

**Button(s):**

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**OK** - Exits the preview mode for the report.
### Section 2 - 1.3.26.2 : Conditional Certifications Report

Report Name: CR_COND_CERTS_DUE  
Report Date: MM/DD/YYYY HH:MI:SS AM  

<table>
<thead>
<tr>
<th>Reason</th>
<th>Participant ID</th>
<th>Name</th>
<th>Cert Start Date</th>
<th>Category</th>
<th>Priority</th>
<th>Doc. Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Work Pending</td>
<td>XXXXXXX</td>
<td>XXXXXXXXXX XXXXXXXXXXXX</td>
<td>MM/DD/YYYY</td>
<td>XXX</td>
<td>XX</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td></td>
<td>XXXXXXX</td>
<td>XXXXXXXXXX XXXXXXXXXXXX</td>
<td>MM/DD/YYYY</td>
<td>XXX</td>
<td>XX</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>Risk Factor Approval</td>
<td>XXXXXXX</td>
<td>XXXXXXXXXX XXXXXXXXXXXX</td>
<td>MM/DD/YYYY</td>
<td>XXX</td>
<td>XX</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td></td>
<td>XXXXXXX</td>
<td>XXXXXXXXXX XXXXXXXXXXXX</td>
<td>MM/DD/YYYY</td>
<td>XXX</td>
<td>XX</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>Income Doc Pending</td>
<td>XXXXXXX</td>
<td>XXXXXXXXXX XXXXXXXXXXXX</td>
<td>MM/DD/YYYY</td>
<td>XXX</td>
<td>XX</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td></td>
<td>XXXXXXX</td>
<td>XXXXXXXXXX XXXXXXXXXXXX</td>
<td>MM/DD/YYYY</td>
<td>XXX</td>
<td>XX</td>
<td>MM/DD/YYYY</td>
</tr>
</tbody>
</table>

Clinic Totals: ZZ,ZZ9

**Figure 294** - Conditional Certifications Report

**Calculations**

**Totals** - Count conditional certified Participants by organizational unit  
**Doc. Due Date** - (Certification start date + conditional period)

**Background Processes**

None
Section 2 - 1.3.27  Services Scheduled / Kept by Category

Priority: Required

Window: Services Scheduled / Kept by Category Initiation Window

Report: Yes


Narrative:

This Window produces a listing of all appointment services that are scheduled and / or kept by category.

Sort Criteria (Major to Minor):
- ORGANIZATIONAL UNIT CODE (ASC)
- CATEGORY CODE (ASC)
- SERVICE ID (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.27.1: Services Scheduled / Kept by Category Criteria

Fields:

Output Device - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
Filename - The user enters the name of a file that the report is to be saved to. This field is optional.
Number of Copies - The user enters the number of copies of this report to be generated. This field is optional, the default is one.
Appointment Dates From/Thru - The user enters the appointment date range to run the report for. This field is required.

Button(s):

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.
Section 2 - 1.3.27.2  : Services Scheduled / Kept by Category Report

Report Name: CR EVENTS BY CTGY
Report Date: MM/DD/YYYY

Arizona WIC Program
Services Scheduled/Kept by Category
Appointment Dates From: MM/DD/YYYY Thru: MM/DD/YYYY

Local Agency: XX XXXXXXXXXXXXXXXX
Clinic: XX XXXXXXXXXXXXXXXX
Category: XXX XXXXXXXXXXXXXXXX

<table>
<thead>
<tr>
<th>Service</th>
<th>Appointments Kept</th>
<th>Appointments Missed</th>
<th>No Show Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXXXXXXXX</td>
<td>ZZ,ZZ9</td>
<td>ZZ,ZZ9</td>
<td>ZZ9.99%</td>
</tr>
<tr>
<td>XXXXXXXXXXXXXXXXXX</td>
<td>ZZ,ZZ9</td>
<td>ZZ,ZZ9</td>
<td>ZZ9.99%</td>
</tr>
<tr>
<td>XXXXXXXXXXXXXXXXXX</td>
<td>ZZ,ZZ9</td>
<td>ZZ,ZZ9</td>
<td>ZZ9.99%</td>
</tr>
<tr>
<td>XXXXXXXXXXXXXXXXXX</td>
<td>ZZ,ZZ9</td>
<td>ZZ,ZZ9</td>
<td>ZZ9.99%</td>
</tr>
<tr>
<td>XXXXXXXXXXXXXXXXXX</td>
<td>ZZ,ZZ9</td>
<td>ZZ,ZZ9</td>
<td>ZZ9.99%</td>
</tr>
</tbody>
</table>

Category XXX Totals
ZZ,ZZ9
ZZ,ZZ9
ZZ9.99%

Figure 296 - Services Scheduled / Kept by Category Report

Calculations

Appointments Kept - The sum of appointments kept by Participants during the requested time frame for the organizational unit.

Appointments Missed - The sum of appointments missed by the Participants during the requested time frame for the organizational unit.

No Show Rate - The ratio of missed appointments to total appointments made expressed as a percentage.

Background Processes

None
Enrollment and Certification

Section 2 - 1.3.28 : High Risk Appointments Scheduled

Priority: Required

Window: High Risk Appointments Scheduled Initiation Window

Report: Yes


Narrative:

This window provides information on upcoming appointments with high risk Participants. The window displays the service, topics and materials that will support the appointment.

Sort Criteria (Major to Minor):

- ORGANIZATIONAL UNIT CODE (ASC)
- CLIENT ID (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.28.1: High Risk Appointments Scheduled Criteria

**Fields:**

**Output Device** – Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional. The default is display.

**Filename** – The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** – The user may enter in the number of copies of this report to be generated. This field is optional. The default is one.

**Appointment Dates From/Thru** – The user enters the appointment date range to run the report for. This field is required.

**Report Style** - The user selects the level of reporting: Summary/Detail or Summary.

**Agency** - The user selects any agency from the list of values. Default is ‘ALL’.

**Clinic** - The user selects a corresponding clinic from the list of values. Default is ‘ALL’.

**Category** - The user selects any category from the list of values. Default is ‘ALL’.

**Priority** - The user selects any priority from the list of values. Default is ‘ALL’.

**Button(s):**

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.
Section 2 - 1.3.28.2  High Risk Appointments Scheduled Report:

**Report Name:** CR_HI_RISK_APPTS_DUE  
**Report Date:** MM/DD/YYYY

**Arizona WIC Program**

**HIGH RISK APPOINTMENTS SCHEDULED**

- **Appointment Dates From:** MM/DD/YYYY  
- **Thru:** MM/DD/YYYY

**Local Agency:** XXXXXXXXXXXXXXXXXXXXXXX
**Clinic:** XXXXXXXXXXXXXXXXXXXXXXX
**Category:** XXX
**Priority:** XXX

<table>
<thead>
<tr>
<th>Agency</th>
<th>X XXXXXXXXXXXXXXXXXXXXXXX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic</td>
<td>X XXXXXXXXXXXXXXXXXXXXXXX</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participant ID</th>
<th>Name</th>
<th>Priority</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXX</td>
<td>XXXXXXXXX, XXXXXXXXX</td>
<td>X</td>
<td>XX</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appointment</th>
<th>Time</th>
<th>Service</th>
<th>Topic</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY</td>
<td>XX:XX</td>
<td>XXXXXX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total:</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Figure 298 - High Risk Appointments Scheduled Report**
Section 2 - 1.3.28.3 : High Risk Appointments Scheduled Summary Report:

**Report Name:** CR_HI_RISK_APPSTS_DUE  
**Report Date:** MM/DD/YYYY

**Arizona WIC Program**
**HIGH RISK APPOINTMENTS SCHEDULED SUMMARY**
**Appointment Dates From:** MM/DD/YYYY  **Thru:** MM/DD/YYYY  
**Local Agency:** XXXXXXXXXXXXXXXXXXXX  
**Clinic:** XXXXXXXXXXXXXXXXXXXX  
**Category:** XXX  
**Priority:** XXX

<table>
<thead>
<tr>
<th>Agency</th>
<th>X</th>
<th>XXXXXXXXXXXXXXXXXXXX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic</td>
<td>X</td>
<td>XXXXXXXXXXXXXXXXXXXX</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXX</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>X</td>
</tr>
</tbody>
</table>

*Figure 299* - High Risk Appointments Scheduled Summary Report

**Calculations**

**Total (Service)** - Count(high risk appointments by service)  
**Totals (Clinic, Local Agency, State)** - Count(high risk appointments by Organizational Unit)

**Background Processes**

None
Section 2 - 1.3.29  Monitoring Visits Scheduled

Priority: Required

Window: Monitoring Visits Scheduled Initiation Window

Report: Yes


Narrative:

This report shows all Participants who are scheduled for monitoring visits. Information about the Participant and appointment is displayed. This report lists appointments with where the appointment type is 'MONITOR'.

Sort Criteria (Major to Minor):
   ORGANIZATIONAL UNIT CODE (ASC)
   CLIENT ID (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.29.1 : Monitoring Visits Scheduled Criteria

![Figure 300 - Monitoring Visits Scheduled Criteria](image)

### Fields:

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Appointment Date From/Thru** - The user enters the monitoring appointment date range to run the report for. This field is required.

**Report Level** - The user selects the level of reporting: Local Agency/Clinic, Local Agency, State/Local Agency or State. Default is Local Agency/Clinic.

### Button(s):

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.
### Monitoring Visits Scheduled Report

**Report Name:** CR_MID_CERT_HEALTH  
**Report No:** CR2507  
**Report Date:** MM/DD/YYYY  
**Page:** ZZZ9  

**Arizona WIC Program**  
**Monitoring Visits Scheduled**  
(Report Level)  
**Appointment Dates From:** MM/DD/YYYY  
**Thru:** MM/DD/YYYY

<table>
<thead>
<tr>
<th>Local Agency: XX</th>
<th>Clinic: XX</th>
</tr>
</thead>
<tbody>
<tr>
<td>XX XXXXXXXXXXXXXXXX</td>
<td>XX XXXXXXXXXXXXXXXX</td>
</tr>
</tbody>
</table>

#### Client ID

<table>
<thead>
<tr>
<th>Client ID</th>
<th>Name</th>
<th>Category</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXX</td>
<td>XXXXXXXXXX XXXXXXXXXX</td>
<td>XXX</td>
<td>XX</td>
</tr>
</tbody>
</table>

**Appointment Date**  
**MM/DD/YYYY**  
**Appointment Time**  
**HHMM**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXX</td>
<td>XXXXXXXX</td>
</tr>
</tbody>
</table>

#### Participant ID

<table>
<thead>
<tr>
<th>Participant ID</th>
<th>Name</th>
<th>Category</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXX</td>
<td>XXXXXXXXXX XXXXXXXXXX</td>
<td>XXX</td>
<td>XX</td>
</tr>
</tbody>
</table>

**Appointment Date**  
**MM/DD/YYYY**  
**Appointment Time**  
**HHMM**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXX</td>
<td>XXXXXXXX</td>
</tr>
</tbody>
</table>

#### Participant ID

<table>
<thead>
<tr>
<th>Participant ID</th>
<th>Name</th>
<th>Category</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXX</td>
<td>XXXXXXXXXX XXXXXXXXXX</td>
<td>XXX</td>
<td>XX</td>
</tr>
</tbody>
</table>

**Appointment Date**  
**MM/DD/YYYY**  
**Appointment Time**  
**HHMM**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXX</td>
<td>XXXXXXXX</td>
</tr>
</tbody>
</table>

**Totals:** XXXX

---

**Figure 301** - Monitoring Visits Scheduled Report
### Section 2 - 1.3.29.3 : Monitoring Visits Scheduled Summary Report

Report Date: MM/DD/YYYY

---

#### Arizona WIC Program

**High Risk Appointments Scheduled Summary**

(Report Level)

Appointment Dates From: MM/DD/YYYY Thru: MM/DD/YYYY

State Agency: XX XXXXXXXXXXXXXXX

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXX</td>
<td>ZZZ.ZZ9</td>
</tr>
<tr>
<td>XXXXXX</td>
<td>ZZZ.ZZ9</td>
</tr>
<tr>
<td>XXXXXX</td>
<td>ZZZ.ZZ9</td>
</tr>
<tr>
<td>XXXXXX</td>
<td>ZZZ.ZZ9</td>
</tr>
</tbody>
</table>

**Total:** ZZZ.ZZ9

---

**Figure 302** - Monitoring Visits Scheduled Summary Report
Calculations

Clinic Totals - Count (scheduled monitoring visits)
Number of Visits - Count (scheduled monitoring visits by category and priority)
Totals (State) - Count (scheduled monitoring visits statewide)

Background Processes

None
Section 2 - 1.3.30 : List of Missed Appointments

Priority: Required

Window: List of Missed Appointments Initiation Window

Report: Yes


Narrative:

This Window produces an alphabetical listing of participants by service who missed appointments.

Sort Criteria (Major to Minor):

- ORGANIZATIONAL UNIT CODE (ASC)
- SERVICE DESCRIPTION (ASC)
- LAST NAME (ASC)
- FIRST NAME (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.30.1 : List of Missed Appointments Criteria

Fields:

Output Device - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
Filename - The user enters the name of a file that the report is to be saved to. This field is optional.
Number of Copies - The user enters the number of copies of this report to be generated. This field is optional, the default is one.
Dates From/Thru - The user enters the date range to run the report for. This field is required.
Report Style - The user selects the level of reporting: Summary Only or Summary/Detail.
Agency - The user selects any agency from the list of values. Default is ‘ALL’.
Clinic - The user selects a corresponding clinic from the list of values. Default is ‘ALL’.
Category - The user selects any category from the list of values. Default is ‘ALL’.
Priority - The user selects any priority from the list of values. Default is ‘ALL’.

Button(s):

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.
Section 2 - 1.3.30.2 List of Missed Appointments Report: Summary Report

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>XX</td>
<td>XXXXXX</td>
<td>X</td>
</tr>
</tbody>
</table>

**Figure 304** - List of Missed Appointments Report
### Section 2 - 1.3.30.3: List of Missed Appointments Summary and Detail Report

**Report Name:** OR_MISSED_APPT_LIST  
**Report Date:** MM/DD/YYYY  
**Appointment Dates From:** MM/DD/YYYY  
**Thru:** MM/DD/YYYY  
**Report Style:** SUMMARY/DETAIL  
**Local Agency:** XXXXXXXXXXXX  
**Clinic:** XXXXXXXXXXX  
**Category:** XX  
**Priority:** XXX  

<table>
<thead>
<tr>
<th>Local</th>
<th>Clinic: XX XXXXXXXXXXXXXXXXXX</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Client ID</th>
<th>Name</th>
<th>Service</th>
<th>Appointment Date</th>
<th>Appointment Time</th>
<th>Category</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXX</td>
<td>XXXXXXXX, XXXX</td>
<td>XXXXXXX</td>
<td>MM/DD/YYYY</td>
<td>XXXX</td>
<td>XXX</td>
<td>XX</td>
</tr>
</tbody>
</table>

**Figure 305 - List of Missed Appointments Summary Report**
Calculations

**Count (Clinic)** - Count(missed services by service and within clinic)
**Count (Agency)** - Count(missed services by service within agency)
**Totals (State)** - Count(missed services statewide)

*Background Processes*

None
Section 2 - 1.3.31  Precertified New Enrollments Report (Formerly the Producing a Federal Time Line Processing Standards Report)

Priority: Required

Window: Precertified New Enrollments

Report: Yes

Narrative:
This window allows the user to generate a report by Local Agency and Clinic which summarizes the identification of those Pregnant / Migrant and other Participants whose first appointments have been scheduled outside the Federal Processing Standards Guidelines for their category status. Pregnant and Migrant Worker appointments should be scheduled within 10 calendar days of their face to face contact with a WIC staff member and all others within 20 calendar days. First appointments scheduled outside of these processing guidelines will appear on this report. Note that the date used to measure compliance is not the date the appointment is made, but rather the date the appointment is scheduled for. The report also indicates whether the appointment has been rescheduled to indicate to the user that the original appointment may have been scheduled within the processing guidelines. In addition the report details for each record the number of days out of compliance the appointment is.

Business Rules
- This report will be reside in the Enrollment and Certification Module
- Records that appear on the report are to be determined from the Application Date on the Certification screen and clients who are receiving recerts will not appear on the report
- The categories displayed for clients appearing on the report will be obtained from the Client Category shown on the PreCertification screen
- The 10-day rule for the Precertified New Enrollments Report as it pertains to Pregnant and Migrant Workers will “start” only when the client has met with a staff member “face to face.”
- A client will be deemed as served out of compliance if the Appointment Date less the Date_Created on the Precertification record is greater than 10 calendar days for Pregnant and Migrant Workers or if the value is greater than 20 days for all other client categories.
- If a Client was previously enrolled in WIC, and she is receiving a Recertification service because she is pregnant again, she won’t show on this report.

Data Current As Of: Run Time

Frequency: On Demand

Role(s):

<table>
<thead>
<tr>
<th>Role Name</th>
<th>View Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>REPORTS</td>
<td>N</td>
</tr>
<tr>
<td>VIEWER</td>
<td>Y</td>
</tr>
<tr>
<td>SA_OPERATIONS</td>
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</tr>
<tr>
<td>SA_VIEWER_1</td>
<td>Y</td>
</tr>
<tr>
<td>AZ_DEVELOPER</td>
<td>N</td>
</tr>
<tr>
<td>SUPERINTENDENT</td>
<td>N</td>
</tr>
<tr>
<td>SYSADM</td>
<td>N</td>
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<tr>
<td>APPT_SCHEDULER</td>
<td>N</td>
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</tbody>
</table>
Section 2 - 1.3.31.1: Precertified New Enrollments Parameter Form

Figure 306 – Precertified New Enrollments Form

**Fields:**

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Application Dates From/Thru** - The user enters the application date range to run the report for. This field is required.

**Agency** - The user selects any agency from the list of values. Default is ‘ALL’. If logged into the Local Agency database, then this field defaults to the logged in Agency; no other agency will be presented.

**Clinic** - The user selects a corresponding clinic from the list of values. Default is ‘ALL’.

**Category** - The user selects any category from the list of values. Default is ‘ALL’.

**Push Button(s):**

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button cancels the report execution / viewing.
### Arizona WIC Program

**Precertified New Enrollments**

Appointment Date From: MM/DD/YYYY Thru: MM/DD/YYYY

Local Agency: ALL LOCAL AGENCIES

Clinic: ALL CLINICS

Category: ALL

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Category</th>
<th>Alias</th>
<th>Rescheduled</th>
<th>Days Out of Compliance</th>
<th>Walk-in/Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXX, XXXXXXXXXXXX</td>
<td>XXXXXXXX</td>
<td>XXXXXXXX</td>
<td>Y / N</td>
<td>Z9</td>
<td>Walk-in</td>
</tr>
<tr>
<td>XXXXXXXXXXXX, XXXXXXXXXXXX</td>
<td>XXXXXXXX</td>
<td>XXXXXXXX</td>
<td>Y / N</td>
<td>Z9</td>
<td>Phone</td>
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<tr>
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<td>XXXXXXXX</td>
<td>XXXXXXXX</td>
<td>Y / N</td>
<td>Z9</td>
<td>Phone</td>
</tr>
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</table>

**Pregnant / Migrant Totals:** ZZZ9

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Category</th>
<th>Alias</th>
<th>Rescheduled</th>
<th>Days Out of Compliance</th>
<th>Walk-in/Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXX, XXXXXXXXXXXX</td>
<td>XXXXXXXX</td>
<td>XXXXXXXX</td>
<td>Y / N</td>
<td>Z9</td>
<td>Walk-in</td>
</tr>
<tr>
<td>XXXXXXXXXXXX, XXXXXXXXXXXX</td>
<td>XXXXXXXX</td>
<td>XXXXXXXX</td>
<td>Y / N</td>
<td>Z9</td>
<td>Phone</td>
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</table>

**All Others Totals:** ZZZ9

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Category</th>
<th>Alias</th>
<th>Rescheduled</th>
<th>Days Out of Compliance</th>
<th>Walk-in/Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXX, XXXXXXXXXXXX</td>
<td>XXXXXXXX</td>
<td>XXXXXXXX</td>
<td>Y / N</td>
<td>Z9</td>
<td>Walk-in</td>
</tr>
<tr>
<td>XXXXXXXXXXXX, XXXXXXXXXXXX</td>
<td>XXXXXXXX</td>
<td>XXXXXXXX</td>
<td>Y / N</td>
<td>Z9</td>
<td>Phone</td>
</tr>
</tbody>
</table>

**Walk-in**

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th># Sched. Outside Processing Standards</th>
<th>% Sched. Outside Processing Standards</th>
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</thead>
<tbody>
<tr>
<td># of new certs.:</td>
<td>ZZZZZ9</td>
<td>ZZZZZ9</td>
<td>ZZ9%</td>
</tr>
<tr>
<td># of new certs. for Pregnant/Migrant participants:</td>
<td>ZZZZZ9</td>
<td>ZZZZZ9</td>
<td>ZZ9%</td>
</tr>
<tr>
<td># of new certs. for All Other participants:</td>
<td>ZZZZZ9</td>
<td>ZZZZZ9</td>
<td>ZZ9%</td>
</tr>
</tbody>
</table>

**Phone**

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th># Sched. Outside Processing Standards</th>
<th>% Sched. Outside Processing Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td># of new certs.:</td>
<td>ZZZZZ9</td>
<td>ZZZZZ9</td>
<td>ZZ9%</td>
</tr>
<tr>
<td># of new certs. for Pregnant/Migrant participants:</td>
<td>ZZZZZ9</td>
<td>ZZZZZ9</td>
<td>ZZ9%</td>
</tr>
<tr>
<td># of new certs. for All Other participants:</td>
<td>ZZZZZ9</td>
<td>ZZZZZ9</td>
<td>ZZ9%</td>
</tr>
</tbody>
</table>

Figure 307 - New Enrollment Wait Time Report
Sort Criteria (Major to Minor):

Organizational Unit Code (Ascending)
Rescheduled (N)
Participant Last Name (Ascending)
Participant First Name (Ascending)
Rescheduled (Y)
Participant Last Name (Ascending)
Participant First Name (Ascending)

Calculations:

Pregnant / Migrant Totals - SUM of # of Participants in Pregnant/Migrant section of report.
All Others Totals - SUM of # of Participants in All Others section of report.
Days out of Compliance (Pregnant/Migrant) - DIFFERENCE of Date of Participant's first appointment minus (the Participant's application date plus 10)
Days out of Compliance (All Others) - DIFFERENCE of Date of Participant's first appointment minus (the Participant's application date plus 20)

Totals for reporting period
# of new certs.
Total COUNT of Participant IDs which have a Certification Start Date within the From and Thru dates
# Sched. Outside Processing Standards SUM of Pregnant / Migrant Totals field + All Others Totals field
% Sched. Outside Processing Standards Result of: (# of new certs. scheduled outside processing standards divided by total # of new certs.) * 100

# of new certs. For Pregnant / Migrant Participants
Total COUNT of Participant IDs which have a Certification Start Date within the From and Thru dates and are in the pregnant or migrant categories
# Sched. Outside Processing Standards SUM of # of Participants in Pregnant/Migrant section of report
% Sched. Outside Processing Standards Result of: (# of new certs. for Pregnant / Migrant Participants sched. outside processing standards divided by total # of new certs. for Pregnant divided by Migrant Participants) * 100

# of new certs. For All Other Participants
Total COUNT of Participant IDs which have a Certification Start Date within the From and Thru dates and are not in the pregnant or migrant categories
# Sched. Outside Processing Standards SUM of Participants in All Others section of report
% Sched. Outside Processing Standards Result of: (# of new certs. for all other Participants scheduled outside processing standards divided by total # of new certs. for all other Participants) * 100

Background Processes:

The Clinics available for selection by the user on the Parameter Form are based upon the Local Agency and Clinic codes entered by the user in the Arizona WIC-[Log On] screen.
Enrollment and Certification

Section 2 - 1.3.32  : Ineligibility Listing

Priority: Required

Window: Ineligibility Listing Initiation Window

Report: Yes

FSRD Reference: EP9.4, PP16.2

Narrative:

This Window provides information by clinic of the applicants who were denied certification.

Criteria (Major to Minor):

- ORGANIZATIONAL UNIT ORG CODE (ASC)
- CLIENT ID (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.32.1 : Ineligibility Listing Criteria

Figure 308 - Ineligibility Listing Criteria

Fields:

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Level** - The user selects the level to report on: State, Local Agency or Clinic. Default is ‘STATE’.

**Application Dates From/Thru** - The user enters the application date range to run the report for. This field is required.

Button(s):

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.
Section 2 - 1.3.32.2 : Ineligibility Listing Report

**Arizona WIC / CSFP Program**

**INELIGIBILITY LISTING**

Application Dates From: MM/DD/YYYY Thru: MM/DD/YYYY

(Report Level)

**Report Name:** CR_DENIED_APP_LIST

**Report Date:** MM/DD/YYYY

**Report No:** CR2410

**Page:** ZZZ9

Local Agency:  
Clinic:  
WIC

<table>
<thead>
<tr>
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<th>Name</th>
<th>Denial Date</th>
<th>Denial Reason</th>
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<tr>
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<td>XXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXX</td>
<td>MM/DD/YYYY</td>
<td>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</td>
</tr>
<tr>
<td>Z9 XXXXXXXX</td>
<td>XXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXX</td>
<td>MM/DD/YYYY</td>
<td>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</td>
</tr>
<tr>
<td>Z9 XXXXXXXX</td>
<td>XXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXX</td>
<td>MM/DD/YYYY</td>
<td>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</td>
</tr>
</tbody>
</table>

Clinic Totals:
Denial Reasons:  

<table>
<thead>
<tr>
<th>Denial Reasons</th>
<th>Count</th>
</tr>
</thead>
<tbody>
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<tr>
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Total: Z9

CSFP

<table>
<thead>
<tr>
<th>Participant Id</th>
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<th>Denial Reason</th>
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</thead>
<tbody>
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<td>MM/DD/YYYY</td>
<td>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</td>
</tr>
<tr>
<td>Z9 XXXXXXXX</td>
<td>XXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXX</td>
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<td>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</td>
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Clinic Totals:
Denial Reasons:  

<table>
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<tr>
<th>Denial Reasons</th>
<th>Count</th>
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<td>Z</td>
</tr>
<tr>
<td>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</td>
<td>Z</td>
</tr>
</tbody>
</table>

Total: Z9

**Figure 309** - Ineligibility Listing Report
Section 2 - 1.3.32.3 : Ineligibility Listing Summary Report

Report Name: XXXXXXXX
Report Date: MM/DD/YYYY

Arizona WIC / CSFP Program
INELIGIBILITY LISTING
Application Dates From: MM/DD/YYYY Thru: MM/DD/YYYY
Summary

State Agency: Z9 XXXXXXXXXX

**WIC**

<table>
<thead>
<tr>
<th>Denial Reasons</th>
<th>Count</th>
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<tbody>
<tr>
<td>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</td>
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**CSFP**

<table>
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<th>Count</th>
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<tbody>
<tr>
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<td>ZZ9</td>
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<tr>
<td>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</td>
<td>ZZ9</td>
</tr>
<tr>
<td>Total:</td>
<td>ZZZ9</td>
</tr>
</tbody>
</table>

Figure 310 - Ineligibility Listing Summary Report
Calculations

**Count (Clinic)** - Count(denied applicants by clinic by reason)
**Count (Agency)** - Count(denied applicants by agency by reason)

*Background Processes*

The denial reasons listed in this report are driven from the termination reasons table.
Enrollment and Certification

Section 2 - 1.3.33 : Income Eligibility

Priority: Required

Window: Income Eligibility

Report: Yes

FSRD Reference: EP9.4, PP16.2

Narrative:

This Window produces statistical information by clinic about Participants’ and applicants’ income eligibility by participant.

Sort Criteria (Major to Minor):

ORGANIZATIONAL UNIT ORG CODE (ASC)
FAMILY SIZE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.33.1: Income Eligibility Criteria

**Fields:**

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Application Dates From** - The user enters the application date range to run the report for. This field is required.

**Report Type** - The user selects the services to report on: State, Local Agency or Clinic. Default is ‘STATE’.

**Agency** - The user selects any agency from the list of values. Default is ‘ALL’. If logged into the Local Agency database, then this field defaults to the logged in Agency; no other agency will be presented.

**Clinic** - The user selects a corresponding clinic from the list of values. Default is ‘ALL’.

**Button(s):**

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.
### Section 2 - 1.3.33.2: Income Eligibility Report

**Arizona WIC System**

**Detailed Functional Design Document**

**Report Name:** XXXXXXXXXX  
**Report Date:** MM/DD/YYYY

---

**Arizona WIC / CSF Program**

**INCOME ELIGIBILITY**  
**Application Dates From:** MM/DD/YYYY **Thru:** MM/DD/YYYY  
**Local / Clinic**

---

<table>
<thead>
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<th>XXxxxxxxxxxxxxxxxxxxxxxxxxx</th>
<th>Clinic: Z9</th>
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<td></td>
<td></td>
</tr>
<tr>
<td>Family Size</td>
<td>Monthly Income</td>
<td>0-50%</td>
<td>51-100%</td>
<td>101-120%</td>
</tr>
<tr>
<td>Z</td>
<td>ZZZZ9</td>
<td>ZZ</td>
<td>ZZ</td>
<td>ZZ</td>
</tr>
<tr>
<td>Z</td>
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<td>ZZ</td>
</tr>
<tr>
<td>Z</td>
<td>ZZZZ9</td>
<td>ZZ</td>
<td>ZZ</td>
<td>ZZ</td>
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**CSF**

**Women & Children:**

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<th>51-100%</th>
<th>101-120%</th>
<th>121-130%</th>
<th>131-150%</th>
<th>151-170%</th>
<th>171-180%</th>
<th>181-185%</th>
<th>Total Income</th>
<th>Adj. Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z</td>
<td>ZZZZ9</td>
<td>ZZ</td>
<td>ZZ</td>
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<td>ZZ</td>
<td>ZZ</td>
<td>ZZ</td>
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<td><strong>Subtotal:</strong></td>
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<td>ZZ</td>
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**Elderly:**

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<th>51-100%</th>
<th>101-120%</th>
<th>121-130%</th>
<th>131-150%</th>
<th>151-170%</th>
<th>171-180%</th>
<th>181-185%</th>
<th>Total Income</th>
<th>Adj. Eligible</th>
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</thead>
<tbody>
<tr>
<td>Z</td>
<td>ZZZZ9</td>
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<tr>
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**CSF Total:**

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<tr>
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<th>0-50%</th>
<th>51-100%</th>
<th>101-120%</th>
<th>121-130%</th>
<th>131-150%</th>
<th>151-170%</th>
<th>171-180%</th>
<th>181-185%</th>
<th>Total Income</th>
<th>Adj. Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z</td>
<td>ZZZZ9</td>
<td>ZZ</td>
<td>ZZ</td>
<td>ZZ</td>
<td>ZZ</td>
<td>ZZ</td>
<td>ZZ</td>
<td>ZZ</td>
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<td>ZZ</td>
</tr>
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<td>ZZ</td>
<td>ZZ</td>
<td>ZZ</td>
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</table>

**WIC & CSF Grand Total:**

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<th>51-100%</th>
<th>101-120%</th>
<th>121-130%</th>
<th>131-150%</th>
<th>151-170%</th>
<th>171-180%</th>
<th>181-185%</th>
<th>Total Income</th>
<th>Adj. Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z</td>
<td>ZZZZ9</td>
<td>ZZ</td>
<td>ZZ</td>
<td>ZZ</td>
<td>ZZ</td>
<td>ZZ</td>
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<td>ZZ</td>
<td>ZZ</td>
<td>ZZ</td>
</tr>
<tr>
<td><strong>WIC &amp; CSF Grand Total:</strong></td>
<td>ZZ</td>
<td>ZZ</td>
<td>ZZ</td>
<td>ZZ</td>
<td>ZZ</td>
<td>ZZ</td>
<td>ZZ</td>
<td>ZZ</td>
<td>ZZ</td>
<td>ZZ</td>
<td>ZZ</td>
</tr>
</tbody>
</table>

---

**Figure 312 - Income Eligibility Report**
Fields:

**Participants** - The number of participants of the family size within the local agency and income poverty percentage range.

**Adjunct Eligibility** - The number of participants of the family size within the local agency and income range that possess adjunct eligibility.

**Total Income** - Total income for family size.

**WIC Total** - The number of WIC participants of all family sizes within the local agency and income poverty percentage range.

**CSF Total** - The number of CSF participants of all family sizes within the local agency and income poverty percentage range.

**WIC & CSF Total** - The number of WIC and CSF participants of all family sizes within the local agency and income poverty percentage range.

Background Processes

None

Calculations

None
Enrollment and Certification

Section 2 - 1.3.34  : Incomplete/Precertification Listing

Priority: Required

Window: Incomplete/Precertification Listing Initiation Window

Report: Yes

FSRD Reference: EP9.4, PP16.2

Narrative:

This Window provides information regarding applicants who are in a “pending” status. Pending refers to the fact that a certification event has been started and not completed for these applicants. This most often occurs for Participants who are pre-certified using a phone call interview with clinic staff.

Sort Criteria (Major to Minor):

- ORGANIZATIONAL UNIT ORG CODE (ASC)
- CLIENT APPLICATION DATE (ASC)
- CATEGORY (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.34.1 : Incomplete / Precertification Listing Criteria

![Image](50x434 to 411x707)

**Figure 313 - Incomplete / Precertification Listing Criteria**

**Fields:**

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Agency** - The user selects any agency from the list of values. Default is ‘ALL’. If logged into the Local Agency database, then this field defaults to the logged in Agency; no other agency will be presented.

**Clinic** - The user selects a corresponding clinic from the list of values. Default is ‘ALL’.

**Category** - The user selects any category from the list of values. Default is ‘ALL’.

**Button(s):**

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.
Section 2 - 1.3.34.2  Incomplete / Precertification Listing Report

Report Name: CR_PRECT_LISTING  Database: XXXXXXXX
Report Date: MM/DD/YYYY HH:MI:SS AM  User: XXXXXXXX

Arizona WIC Program
Incomplete / Precertification Listing
Local Agency: ALL LOCAL AGENCIES
Clinics: ALL CLINICS
Category: ALL

Local Agency: XX XXXXXXXXXX  Clinic: XX XXXXXXXXXX

Category: XXX XXXXXXXXXXXXXXX

<table>
<thead>
<tr>
<th>Client ID</th>
<th>Name</th>
<th>Contact Date</th>
</tr>
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<tbody>
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<td>XXXXXXXX</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>XXXXXXXX</td>
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<td>MM/DD/YYYY</td>
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<tr>
<td>XXXXXXXX</td>
<td>XXXXXXXX</td>
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</tr>
</tbody>
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Category: XXX XXXXXXXXXXXXXXXXX  Totals: ZZZ,ZZ9

Clinic: XX XXXXXXXXXXXXXXXXXX  Totals: ZZZ,ZZ9

Figure 314 - Incomplete / Precertification Listing Report

Section 2 - 1.3.34.3 Incomplete / Precertification Listing Summary

Report Name: CR_PRECT_LISTING  Database: XXXXXXXX
Report Date: MM/DD/YYYY HH:MI:SS AM  User: XXXXXXXX

Arizona WIC Program
Incomplete / Precertification Listing
Local Agency: ALL LOCAL AGENCIES
Clinics: ALL CLINICS
Category: ALL

Local Agency: XX XXXXXXXXXX  Clinic: XX XXXXXXXXXX

Category: XXX XXXXXXXXXXXXXXX

Category: XXX XXXXXXXXXXXXXXXXX  Totals: ZZZ,ZZ9

Local Agency : XX XXXXXXXXXXXXXXXXXX  Totals: ZZZ,ZZ9

Figure 315 - Incomplete / Precertification Listing Summary
Calculations

Totals (Category) - Count (precertified enrollees by category and clinic)
Totals (Clinic) - Count (precertified enrollees by clinic)

Summary Report
Totals (Category) - Count (precertified enrollees by category and local agency)
Totals (Local Agency) - Count (precertified enrollees by local agency)

Background Processes
None
Enrollment and Certification

Section 2 - 1.3.35 : Referrals To Listing

Priority: Required

Window: Referrals To Listing Initiation Window

Report: Yes

FSRD Reference: EP9.4, PP16.2

Narrative:
This Window provides information by local agency of Participants who were referred to programs and outreach organizations. Depending upon how programs and outreach organizations are structured, program and outreach organizations may have the same name. This is particularly true of small, local programs.

Sort Criteria (Major to Minor):
  - ORGANIZATIONAL UNIT ORG CODE (ASC)
  - OUTREACH ORGANIZATION ID (ASC)
  - PROGRAM ID (ASC)
  - CLIENT ID (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.35.1 : Referrals To Listing Criteria

fields:

output device - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
filename - The user enters the name of a file that the report is to be saved to. This field is optional.
number of copies - The user enters the number of copies of this report to be generated. This field is optional, the default is one.
referral dates from/thru - The user enters the referral date range to run the report for. This field is required.
report level - The user selects the level of reporting: Local Agency/Clinic, Local Agency, State/Local Agency or State. Default is Local Agency/Clinic.
report style - The user selects the level of reporting: Summary or Summary/Detail.

button(s):

previous - Displays the previous page of the report being previewed.
next - Displays the next page of the report being previewed.
run report - Clicking on this button allows the user to run the report.
cancel - Clicking on this button allows the user to cancel the report.
### Section 2 - 1.3.35.2 : Referrals To Listing Report

**Report Name:** XXXXXXXXXXXX  
**Arizona WIC Program:** Referral to Listing  
**Report Date:** MM/DD/YYYY  
**Page:** ZZZ9  
**Date From MM/DD/YYYY Thru MM/DD/YYYY:** 

**Local Agency:** XX XXXXXXXXXXXX  
**Clinic:** XX XXXXXXXXXXXX  
**Outreach Organization:** XXX XXXXXXXXXXXX  
**Program:** XXX XXXXXXXXXXXX  

<table>
<thead>
<tr>
<th>Client ID</th>
<th>Name</th>
<th>Referral Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXX</td>
<td>XXXXXXXXXXXXXX</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>XXXXXXXXXXXX</td>
<td>XXXXXXXXXXXXXX</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>XXXXXXXXXXXX</td>
<td>XXXXXXXXXXXXXX</td>
<td>MM/DD/YYYY</td>
</tr>
</tbody>
</table>

**Program:** XXX XXXXXXXXXXXX  
**Outreach Organization:** XXX XXXXXXXXXXXX  
**Clinic:** XX XXXXXXXXXXXX  
**Local Agency:** XX XXXXXXXXXXXX  

**Totals:** ZZ,ZZ9  

---

**Figure 317 - Referrals To Listing Report**
Section 2 - 1.3.35.3 : Referrals To Listing Summary Report

Report Date: MM/DD/YYYY  Arizona WIC Program  Page: ZZZ9
Referral to Listing  Summary

Date From MM/DD/YYYY Thru MM/DD/YYYY

State Agency: XX XXXXXXXXXXX

Program: XXX XXXXXXXXXXX  Totals: ZZZZ9
Outreach Organization: XXX XXXXXXXXXXX  Totals: ZZZZ9
State Agency: XX XXXXXXXXXXX  Totals: ZZZZ9

Figure 318 - Referrals To Listing Summary Report

Calculations

Totals (Program) - Count (Referrals by Program)
Totals (Outreach Organization) - Count (Referrals by Outreach Organization)
Totals (Clinic) - Count (Referrals by Clinic)
Totals (Local Agency) - Count (Referrals by Local Agency)
Totals (State) - Count (Referrals by State)

Background Processes

None
Enrollment and Certification

Section 2 - 1.3.36 : Local Agency Wait Listed Applicants

Priority: Required

Window: Local Agency Wait Listed Applicants Initiation Window

Report: Yes

FSRD Reference: EP9.4, PP16.2

Narrative:

This Window provides information for local agencies about Participants who have been wait listed. This includes category and priority information as well as the date and method of how the Participant was notified.

Sort Criteria (Major to Minor):

- ORGANIZATIONAL CODE (ASC)
- PRIORITY (ASC)
- DATE PLACED ON WAIT LIST (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.36.1: Local Agency Wait Listed Applicants Criteria

Figure 319 - Local Agency Wait Listed Applicants Criteria

**Fields:**

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Agency** - The user selects any agency from the list of values. Default is ‘ALL’. If logged into the Local Agency database, then this field defaults to the logged in Agency; no other agency will be presented.

**Clinic** - The user selects a corresponding clinic from the list of values. Default is ‘ALL’.

**Priority** - The user selects any priority from the list of values. Default is ‘ALL’.

**Program** - The user selects any program from the list of values. Default is ‘ALL’.

**Button(s):**

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.
# Section 2 - 1.3.36.2 Local Agency Wait Listed Applicants Report

**Report Name:** CR_WAIT_LIST  
**Report Date:** MM/DD/YYYY

**Arizona WIC Program**  
(WIC/CSF) Local Agency Wait Listed Applicants  
Agency: ALL LOCAL AGENCIES  
Clinic: ALL CLINICS  
Priority: ALL

Local Agency: XX XXXXXXXX  
Clinic: XX XXXXXXXXXXXXX  
Priority: ZZ

<table>
<thead>
<tr>
<th>Date Placed on Wait List</th>
<th>Client ID</th>
<th>Name (Last, First)</th>
<th>Address</th>
<th>Phone Type</th>
<th>Phone Number</th>
<th>Notification Method</th>
<th>Expected Category</th>
<th>Need Diet Assessment</th>
<th>Contact Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY</td>
<td>XXXXXXXX</td>
<td>XX XXXXXXXXXX</td>
<td>XXXXXXX</td>
<td>(XXX) XXX-XXXX</td>
<td>XXXXXXXXXX</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>MM/DD/YYYY</td>
</tr>
</tbody>
</table>

**Figure 320** - Local Agency Wait Listed Applicants Report
Calculations

**Number Wait Listed** - Count (Wait Listed applicants by category, priority and Local Agency)

**Need Diet Assessment** - Count (Wait Listed applicants by category, priority and Local Agency without a dietary assessment)

**Totals (Number Wait Listed)** - Count (Wait Listed applicants by Local Agency)

**Totals (Need Diet Assessment)** - Count (Wait Listed applicants by Local Agency without a dietary assessment)

Background Processes

The title of the report changes to include the name of the program selected in the ‘Program’ parameter on the criteria screen.
Enrollment and Certification

Section 2 - 1.3.37 : Improvement Rate at Re-Certification Visit by Risk

Priority: Required

Window: Improvement Rate at Re-Certification Visit by Risk Window

Report: Yes

FSRD Reference: EP9.4, PP16.2

Narrative: This report replaces the ‘Improvement Rate at Evaluation Visit by Risk’ report. This window provides information on the number and percentage of participants who improved, based on certain risk factors, at their re-certification visit.

Sort Criteria (Major to Minor):
  ORGANIZATIONAL UNIT ORG CODE (ASC)
  CATEGORY (ASC)
  CLIENT APPLICATION DATE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.37.1 : Improvement Rate at Re-Certification Visit by Risk Criteria

Fields:

Output Device - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
Filename - The user enters the name of a file that the report is to be saved to. This field is optional.
Number of Copies - The user enters the number of copies of this report to be generated. This field is optional, the default is one.
Visit Date From/Thru - The user enters the date range that the report will select records on. This field is required.
Report Level - The user selects the level of reporting: Local Agency/Clinic, Local Agency or State. Default is Local Agency/Clinic.
Report - The user selects the improvement rate report: Women, Infants/Children.

Button(s):

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.
**Section 2 - 1.3.37.2** : Improvement Rate at Re-Certification Visit by Risk Report

Report Date: MM/DD/YYYY  
Report #

### Arizona WIC Program
**Improvement Rate At Re-certification by Risk**  
**Issue Month From: MM/DD/YYYY Thru: MM/DD/YYYY**  
(Report Level)  
(Report)

Local Agency: XX XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Clinic: XX XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Number of Records pulled: XXXX  
Status at Re-certification

<table>
<thead>
<tr>
<th>Risk</th>
<th>Initially At Risk</th>
<th>No Improvement</th>
<th>Improved No Longer at Risk</th>
<th>Newly at Risk Acquired Risk</th>
<th>Newly at Risk Acquired Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANEMIA</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
</tr>
<tr>
<td>OVERWEIGHT</td>
<td>XXXX</td>
<td>XXXX</td>
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<td>XXXX</td>
<td>XXXX</td>
</tr>
<tr>
<td>SHORT STATURE</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
</tr>
<tr>
<td>UNDERWEIGHT</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
</tr>
<tr>
<td>OTHER RISKS</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
</tr>
<tr>
<td>TOTAL NUMBER OF RISKS</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk</th>
<th>Newly at Risk Acquired Risk</th>
<th>Newly at Risk Acquired Risk</th>
<th>Newly at Risk Acquired Risk</th>
<th>Newly at Risk Acquired Risk</th>
<th>Newly at Risk Acquired Risk</th>
</tr>
</thead>
<tbody>
<tr>
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<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
</tr>
<tr>
<td>OVERWEIGHT</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
</tr>
<tr>
<td>SHORT STATURE</td>
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<td>XXXX</td>
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<td>XXXX</td>
</tr>
<tr>
<td>OTHER RISKS</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
</tr>
<tr>
<td>TOTAL NUMBER OF RISKS</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
</tr>
</tbody>
</table>

**Figure 323** - Improvement Rate at Re-Certification Visit by Risk Report
Calculations

Initially Positive - Total number and percent of participants found to have the risk at the initial visit.
At Re-cert - No Improvement - Total number and percent of participants found to have the risk at the re-certification visit.
At Re-cert - Some Improvement - Total number and percent of participants found to still have the risk at the re-certification visit, but have shown improvement.
At Re-cert - Improved/No Longer at Risk - Total number and percent of participants that no longer have the risk.
At Re-cert - Newly at Risk - Total number and percent of participants that did not have the risk at their initial assessment, but now do.
Totals - Column totals.

Other Risks - This category includes all risks that were assigned to participants within the designated time period of the report except for the following risks: anemia, overweight, short stature, and underweight.

Background Processes

This report reports on only participants that have at least 2 certification periods with their second certification visit during the date range entered. For all risks except anemia, the medical data entered at their first visit is compared to that entered at their last visit. For anemia the last two visits are compared.
Enrollment and Certification

Section 2 - 1.3.38 : CSFP Distribution Master Listing

Priority: Required

Window: CSFP Distribution Master Listing Window

Report: Yes


Narrative: This window produces the CSFP distribution list for a particular month and issue site. This report is sent to the issue sites where it is used to log food box pickups.

Note: Clients must be in an active certification and not being in the ‘Waiting List’.

Sort Criteria (Major to Minor):
   CATEGORY (ASC)
   LAST NAME (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.38.1: CSFP Distribution Master Listing Criteria

Figure 324 - CSFP Distribution Master Listing Criteria

Fields:

Output Device - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
Filename - The user enters the name of a file that the report is to be saved to. This field is optional.
Number of Copies - The user enters the number of copies of this report to be generated. This field is optional, the default is one.
End From/Thru Date - The user enters the date range of participants that have been issued food boxes during the month selected. This field is required.
Issue Site - Limits the selection of records to participants that are to be issued Food Boxes at this site. This field is required.

Button(s):

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.
### Section 2 - 1.3.38.2 CSFP Distribution Master Listing Report

**Report Name:** CR_CSF_DISTRIB_LIST  
**Report Date:** 05/22/2009 10:03:21 AM  
**Arizona WIC Program**  
**CSFP DISTRIBUTION MASTER LIST**  
**Database:** XXXXXX  
**User:** XXXXXX  
**Page:** X of XX  
**Issue Site:** 50 - Yuma Food Bank (CSFP)

<table>
<thead>
<tr>
<th>Box</th>
<th>Sticker</th>
<th>Last</th>
<th>First</th>
<th>DO</th>
<th>ID</th>
<th>Rec</th>
<th>Phone</th>
<th>Cert End Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>XXXXX</td>
<td>XXXXX</td>
<td>XXXX</td>
<td>XX/XX/XXXX</td>
<td>XXXXXXXX</td>
<td>X</td>
<td>(XXX) XXX-XXXX</td>
<td>XX/XX/XXXX</td>
<td></td>
</tr>
</tbody>
</table>

**Category**: XX  
**Last Pickup Date:** XX-XXX-XX  
**Signature:**  
**Date:**

**Figure 325** - CSFP Distribution Master Listing Report
Section 2 - 1.3.38.3 : CSFP Distribution Write In Sheet

Report Name: CR_CSF_DISTRIB_LIST
Report Date: 06/04/2007 09:06:38 AM

Arizona WIC Program
CSFP Distribution Master List
MM/YYYY

Database: AZDEVTUC
User: WICADM
Page: 1 of 5

Background Process:
The report returned only clients with valid certifications and not being on the waiting list
Enrollment and Certification

Section 2 - 1.3.39  : Follow-Up Assessment

Priority: Required

Window: Follow-Up Assessment Window

Report: Yes


Narrative: This window provides follow up assessment information by race and age. The window displays counts and percentages of infant and children participants with risks for Short Stature, Hemoglobin, Overweight, and Underweight.

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.39.1  : Follow-up Assessment Criteria

Figure 327 - Follow-up Assessment Criteria

**Fields:**

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Visit Date From/Thru** - The user enters the date range that the report will select records on. This field is required.

**Report Level** - The user selects the level of reporting: Local Agency/Clinic, Local Agency or State. Default is Local Agency/Clinic. Users at the local agency level will be prevented from generating a State report.

**Report** - The user selects the report based on the follow up assessment type: Short Stature, Hemoglobin, Overweight, and Underweight.

**Button(s):**

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report
**Section 2 - 1.3.39.2 : Follow-Up Assessment - Short Stature Report**

**Arizona WIC Program**  
Follow-Up Assessment - Short Stature  
Visit Date From: MM/DD/YYYY Thru: MM/DD/YYYY  
(Report Level)

Local Agency: XX XXXXXXXXXXXXXXXX  
Clinic: XX XXXXXXXXXXXXXXXXXX

<table>
<thead>
<tr>
<th>Age of Participant</th>
<th>Numb Eval</th>
<th>Previous Prevalence</th>
<th>Current Risk</th>
<th>% At Prev Risk Who Improved</th>
<th>Age of Participant</th>
<th>Numb Eval</th>
<th>Previous Prevalence</th>
<th>Current Risk</th>
<th>% At Prev Risk Who Improved</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>NO.</td>
<td>PCT.</td>
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<td>6 - 11 Months</td>
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<td>12 - 23 Months</td>
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<td>Total</td>
<td>XXX</td>
<td>XXX</td>
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</tr>
</tbody>
</table>

--- Other Ethnic Groups ---  
--- Total ---

**Figure 328 - Follow-Up Assessment - Short Stature Report**
### Follow-Up Assessment - Hemoglobin Report

**Report Name:** CR_FOLLOW_UP_ASSESS  
**Report Date:** MM/DD/YYYY  
**Local Agency:** XX XXXXXXXXXXXXX  
**Clinic:** XX XXXXXXXXXXXXXX  
**Age of Participant**

<table>
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<th>Previous Prevalence</th>
<th>Current Risk</th>
<th>% At Prev Risk Who Improved</th>
<th>Age of Participant</th>
<th>Numb Eval</th>
<th>Previous Prevalence</th>
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<th>% At Prev Risk Who Improved</th>
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<td>XXX XXX XXX XXX</td>
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<td>XXX XXX XXX</td>
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<td>XXX XXX XXX XXX</td>
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**Figure 329 - Follow-Up Assessment - Hemoglobin Report**
### Section 2 - 1.3.39.4: Follow-Up Assessment - Overweight Report

**Report Name:** CR_FOLLOW_UP_ASSESS

**Arizona WIC Program**

**Follow-Up Assessment - Overweight**

**Visit Date From:** MM/DD/YYYY **Thru:** MM/DD/YYYY

(Report Level)

Local Agency: XX XXXXXXXXXXXXXXXXXXXX  
Clinic: XX XXXXXXXXXXXXXXXXXXXX

#### Age of Participant

<table>
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<tr>
<th>Age Group</th>
<th>Numb Eval</th>
<th>Previous Prevalence</th>
<th>Current Risk</th>
<th>% At Prev Risk Who Improved</th>
<th>Age Group</th>
<th>Numb Eval</th>
<th>Previous Prevalence</th>
<th>Current Risk</th>
<th>% At Prev Risk Who Improved</th>
</tr>
</thead>
</table>
| 0 - 5     | White Not Hispanic | XXX | XXX | XXX | XXX | 0 - 5 | Months | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 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| XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | X
Section 2 - 1.3.39.5 : Follow-Up Assessment - Underweight Report

Report Name: CR_FOLLOW_UP_ASSESS  
Report Date: MM/DD/YYYY

Arizona WIC Program  
Follow-Up Assessment - Underweight
Visit Date From: MM/DD/YYYY Thru: MM/DD/YYYY
(Report Level)

Local Agency: XX XXXXXXXXXXXXXXXXXXX  
Clinic: XX XXXXXXXXXXXXXXXXXXX

<table>
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<tr>
<td>6 - 11 Months</td>
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</table>

White Not Hispanic

- 0 - 5 Months XXX XXX XXX XXX XXX XXX  
- 6 - 11 Months XXX XXX XXX XXX XXX XXX  
- 12-23 Months XXX XXX XXX XXX XXX XXX  
- 24-60 Months XXX XXX XXX XXX XXX XXX  
- Total XXX XXX XXX XXX XXX XXX

Black Not Hispanic

- 0 - 5 Months XXX XXX XXX XXX XXX XXX  
- 6 - 11 Months XXX XXX XXX XXX XXX XXX  
- 12-23 Months XXX XXX XXX XXX XXX XXX  
- 24-60 Months XXX XXX XXX XXX XXX XXX  
- Total XXX XXX XXX XXX XXX XXX

Native American

- 0 - 5 Months XXX XXX XXX XXX XXX XXX  
- 6 - 11 Months XXX XXX XXX XXX XXX XXX  
- 12-23 Months XXX XXX XXX XXX XXX XXX  
- 24-60 Months XXX XXX XXX XXX XXX XXX  
- Total XXX XXX XXX XXX XXX XXX

Hispanic

- 0 - 5 Months XXX XXX XXX XXX XXX XXX  
- 6 - 11 Months XXX XXX XXX XXX XXX XXX  
- 12-23 Months XXX XXX XXX XXX XXX XXX  
- 24-60 Months XXX XXX XXX XXX XXX XXX  
- Total XXX XXX XXX XXX XXX XXX

Other Ethnic Groups

- 0 - 5 Months XXX XXX XXX XXX XXX XXX  
- 6 - 11 Months XXX XXX XXX XXX XXX XXX  
- 12-23 Months XXX XXX XXX XXX XXX XXX  
- 24-60 Months XXX XXX XXX XXX XXX XXX  
- Total XXX XXX XXX XXX XXX XXX

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Figure 331 - Follow-Up Assessment - Underweight Report
Calculations

Number Evaluated - Total number of participants within the race with at least 2 certification periods and the latest certification period is within the date range of the report.

Previous Prevalence # and % - Total number and percent of participants evaluated found to have the risk at their initial certification.

Current Risk # and % - Total number and percent of participants evaluated found to have the risk at their recertification visit.

Percent at Previous Risk who Improved - Total percent of participants found to have the risk at the earliest visit the risk was identified who showed improvement at their latest certification visit.

\[ \left( \frac{\# \text{ no longer at Risk at latest cert}}{\# \text{ at Risk at a previous cert}} \right) \times 100 \]

Totals - Column totals.

Background Processes

This report reports on infant and children participants that have at least 2 certification periods with their second certification visit during the date range entered. For the previous prevalence and current risk columns, all risks except hemoglobin, the report compares the medical data entered at their first visit to that entered at their latest visit. For hemoglobin the last two visits are compared. For Percent at Previous Risk who Improved column, improved means no longer at risk. The report compares the medical data entered at the earliest date the risk was identified to the latest certification in the date range entered.
Enrollment and Certification

Section 2 - 1.3.40 : CSFP Certifications Due

Priority: Required

Window: CSFP Certifications Due Window

Report: Yes


Narrative: This window provides information on CSFP Participants who are due to be recertified.

Sort Criteria (Major to Minor):
- ORGANIZATIONAL UNIT ORG CODE (ASC)
- CATEGORY (ASC)
- CLIENT APPLICATION DATE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.40.1 : CSFP Certifications Due Criteria

![Figure 332 - CSFP Certifications Due Criteria](image)

**Fields:**

- **Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
- **Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.
- **Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.
- **End Cert Date From/Thru** – The user enters the cert end date range to run the report for. This field is required.
- **Agency** - The user selects any agency from the list of values. Default is ‘ALL’. If logged into the Local Agency database, then this field defaults to the logged in Agency; no other agency will be presented.
- **Clinic** - The user selects any clinic from the list of values. Default is ‘ALL’.
- **Category** - The user selects any category from the list of values. Default is ‘ALL’.

**Button(s):**

- **Previous** - Displays the previous page of the report being previewed.
- **Next** - Displays the next page of the report being previewed.
- **Run Report** - Clicking on this button allows the user to run the report.
- **Cancel** - Clicking on this button allows the user to cancel the report.
## Section 2 - 1.3.40.2  CSFP Certifications Due Report

Report Name: CR_CSF_RECERTS_DUE  
Report Date: MM/DD/YYYY HH:MI:SS AM  

Arizona WIC Program  
CSFP Certifications Due  
End Certification Date From: MM/DD/YYYY Thru: MM/DD/YYYY  
Local Agency: ALL LOCAL AGENCIES  
Clinic: ALL CLINICS  
Category: ALL  

Local Agency: XX XXXXXXXXXXXXXXXX  
Clinic: XX XXXXXXXXXXXXXXX  

<table>
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<th>Name</th>
<th>Participant ID</th>
<th>Certification End Date</th>
<th>Category</th>
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<td>XXXXXXXXXXXXXXXX</td>
<td>XXXXXXXXXXXX</td>
<td>MM/DD/YYYY</td>
<td>XXXXXXXX</td>
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</table>

Totals: XXXXX  

Clinic: XX XXXXXXXXXXXXXXXX  

<table>
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<th>Participant ID</th>
<th>Certification End Date</th>
<th>Category</th>
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<td>MM/DD/YYYY</td>
<td>XXXXXXXX</td>
</tr>
</tbody>
</table>

Totals: XXXXX  

**Figure 333** - CSFP Certifications Due Report
Calculations

Clinic Totals - Count (CSFP Participants due to by Certified)

Background Processes

This report is produced by the end of day process six weeks prior to the end of each month, and lists all CSFP participants that are due for re-certification.
Enrollment and Certification

**Section 2 - 1.3.41**: Low Birth Weight

**Priority**: Required

**Window**: Low Birth Weight Window

**Report**: Yes


**Narrative**: This window provides information on low birth weight and when women enrolled in WIC. A count of infants, including all infants in a multiple birth, born at low birth weight, very low birth weight, and normal birth weight to mothers that have enrolled in the WIC program at 0 - 28 weeks, greater than 28 weeks and at unknown weeks gestation. The data is presented by local agency, clinic, weeks of gestation and birth weight category.

**Sort Criteria (Major to Minor):**
- ORGANIZATIONAL UNIT ORG CODE (ASC)
- CATEGORY (ASC)
- CLIENT APPLICATION DATE (ASC)

**Data Current As Of**: Run Time

**Frequency**: On Demand

**Role(s)**: Enrollment and Certification
Section 2 - 1.3.41.1  : Low Birth Weight Criteria

![Image of Low Birth Weight Criteria form]

**Figure 334 - Low Birth Weight Criteria**

**Fields:**

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enter the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Birth Dates From/Thru** - The user enters the birth date range that the report will select records on. This field is required.

**Report Level** - The user selects the level of reporting: State, Local Agency or Local Agency/Clinic. Users at the local agency level will be prevented from generating a State report.

**Button(s):**

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.
### Section 2 - 1.3.41.2 Low Birth Weight Report

Report Date: MM/DD/YYYY

**Arizona WIC Program**

**Low Birth Weight**

(Report Level)

Dates From: MM/DD/YYYY To: MM/DD/YYYY

Local Agency: XX XXXXXXXXXXXXXXXX

Clinic: XX XXXXXXXXXXXXXXXX

#### Live Births To Women Enrolled in WIC

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<th><strong>Women At &gt; 28 Weeks Gestation</strong></th>
<th><strong>Women At Unknown WKS Gestation</strong></th>
<th><strong>All Live Births</strong></th>
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<tr>
<td></td>
<td># Born</td>
<td>% (Column)</td>
<td>% (Row)</td>
<td># Born</td>
</tr>
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<tr>
<td>≥2500 GM or ≥5 LB 8 OZ</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
</tr>
<tr>
<td>Very Low Birth Weight (VLBW)</td>
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<td></td>
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</tr>
<tr>
<td>≥1500 GM or ≥3 LB 5 OZ</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
</tr>
<tr>
<td>Normal Birth Weight &gt; 5 LB 8 OZ</td>
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<td>XX</td>
<td>XX</td>
<td>XX</td>
</tr>
<tr>
<td>TOTAL:</td>
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<td>XX</td>
<td>XX</td>
<td>XX</td>
</tr>
</tbody>
</table>

**Figure 335** - Low Birth Weight Report
Calculation(s):

Rows

# Born - Count of infants born in the birth weight category and to mothers that enrolled in WIC during the weeks specified, accumulated for the date range entered on the criteria screen.

%(Column) - The percentage of infants in the birth weight category compared to infants in all birth weight categories. (# Born in the birth weight category for the WIC enrolled time / # Born across all three birth weight categories for the same WIC enrolled time)

%(Row) - The percentage of infants in the birth weight category compared to infants in the same birth weight category across all time periods for enrolling in WIC. (# Born in the birth weight category for the enrolled time / # Born across for the same birth weight category for all WIC enrolled times)

Column Totals

Total (# Born) - Count of infants born in all of the birth weight categories with mothers that enrolled in WIC during the weeks specified.

Total (%(Column)) - The percentage of infants in all of the birth weight categories with mothers that enrolled in WIC during the weeks specified compared to infants in all birth weight categories with mothers that enrolled in WIC across all time periods. (# Born in the birth weight category for the WIC enrolled time / # Born across all three birth weight categories for the all WIC enrollment time periods)

Total (%(Row)) - The same calculation as Total (%(Column))

Background Process(es):

None
Enrollment and Certification

Section 2 - 1.3.41.3  Nutritional Risk Summary

Priority: Required

Window: Nutritional Risk Summary Window

Report: Yes


Narrative: This window provides information on nutritional risks by clinic.

Sort Criteria (Major to Minor):
- ORGANIZATIONAL UNIT ORG CODE (ASC)
- CATEGORY (ASC)
- CLIENT APPLICATION DATE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.4.1.4: Nutritional Risk Summary Criteria

![Nutritional Risk Summary Criteria]

Figure 336 - Nutritional Risk Summary Criteria

Fields:

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Visit Dates From/Thru** - The user enters the visit date range that the report will select records on. This field is required.

**Report Level** - The user selects the level of reporting: Local Agency or State. Default value is ‘LOCAL AGENCY’

**Report** - The user selects the participants to run the report for: Women or Infants/Children. Default is ‘ALL’.

Button(s):

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.
### Section 2 - 1.3.41.5 : Nutritional Risk Summary Report

**Report Name:** CR_NUTR_RISK_BY_CAT  
**Report Date:** MM/DD/YY/YY  
**Report #**

---

**Arizona WIC Program**  
**Nutritional Risks by Category**  
**Summary**  
**Issue Dates From:** MM/DD/YYYY  
**Thru:** MM/DD/YYYY  

**State Agency:** XXXXXXXXXXXXXXXXXXX

---

#### WOMEN

<table>
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<tr>
<th>Nutrition Risk Type</th>
<th>Pregnant</th>
<th>Excl. Breastfeeding</th>
<th>Part Breastfeeding</th>
<th>Total</th>
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</thead>
</table>

<table>
<thead>
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<th>Nutritional Risk Factor</th>
<th>Number</th>
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<th>Number</th>
<th>%</th>
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<th>%</th>
<th>Number</th>
<th>%</th>
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</table>

#### INFANTS

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<tr>
<th>Nutrition Risk Type</th>
<th>Infant, Formula Fed</th>
<th>Infant, Partial Breastfeeding</th>
<th>Infant, Excl. Breastfeeding</th>
<th>Total</th>
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<table>
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<th>Number</th>
<th>%</th>
<th>Number</th>
<th>%</th>
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<tbody>
<tr>
<td>XXXXXXXXXXXXXXX</td>
<td>ZZ,ZZ9</td>
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<td>ZZ,ZZ9</td>
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#### CHILDREN

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<th>Nutrition Risk Type</th>
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<th>%</th>
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<td>ZZ,ZZ9</td>
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### TOTAL

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<td>ZZ,ZZ9</td>
<td>ZZ9.99%</td>
</tr>
</tbody>
</table>

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**Figure 337 - Nutritional Risk Summary Report**
Calculations:

Screen Anemia # - Number of participants evaluated for anemia.
% at Risk % (Anemia) - Percent of evaluated participants found to be at risk for anemia.
Screen Underweight # - Number of participants evaluated for underweight.
% at Risk % (Underweight) - Percent of evaluated participants found to be at risk for underweight.
Screen short stature # - Number of participants evaluated for short stature.
% at Risk % (Short Stature) - Percent of evaluated participants found to be at risk for short stature.
Screen Overweight > 17 yrs # - Number of participants over the age of 17 evaluated for overweight.
% at Risk % (Overweight) - Percent of evaluated participants over the age of 17 found to be at risk for overweight.
Screen Overweight <= 17 yrs # - Number of participants 17 or younger evaluated for overweight.
% at Risk % (Overweight) - Percent of participants 17 or younger evaluated and found to be at risk for overweight.

Total (Screen Anemia #) - Sum(Screen Anemia # column)
Total (Anemia % at Risk %) - ((Number of Participants found to have Anemia) / Total (Screen Anemia #)) x 100
Total (Screen Underweight #) - Sum(Screen Underweight # column)
Total (Underweight % at Risk %) - ((Number of Participants found to be underweight) / Total (Screen Underweight #)) x 100
Total (Screen Short Stature #) - Sum(Screen Short Stature # column)
Total (Short Stature % at Risk %) - ((Number of Participants found to be at risk for short stature) / Total (Screen Short Stature #)) x 100
Total (Screen Overweight > 17 #) - Sum(Screen Overweight > 17 YRS # column)
Total (Overweight > 17 % at Risk %) - ((Number of Participants over 17 found to be at risk for overweight) / Total (Screen Overweight > 17 #)) x 100
Total (Screen Overweight <= 17 #) - Sum(Screen Overweight <= 17 YRS # column)
Total (Overweight <= 17 % at Risk %) - ((Number of Participants 17 or under found to be at risk for overweight) / Total (Screen Overweight <= 17 #)) x 100

Background Process(es):

This report queries participant visits that include the collection of anthropometric measurements. The Short stature column is recorded as 0 for women, for the ‘All’ report Short stature includes only infants/children data. Participants are counted in this report if they have been assigned the indicated risk factor, for example participants in the overweight column are counted if they have the overweight risk factor. The overweight risk factor is base table driven and assigned based on the entries in the Desirable Weight for Women window.
Enrollment and Certification

Section 2 - 1.3.42 : Nutritional Risk By Race

Priority: Required

Window: Nutritional Risk By Race Window

Report: Yes


Narrative: This window provides information on Participants with nutritional risks by race. This report replaces the Nutritional Risk by Ethnic Group (H15651) report.

Sort Criteria (Major to Minor):
- ORGANIZATIONAL UNIT ORG CODE (ASC)
- CATEGORY (ASC)
- CLIENT APPLICATION DATE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.42.1 : Nutritional Risk By Race Criteria

![Figure 338 - Nutritional Risk By Race Criteria](image)

**Fields:**

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Visit Dates From/Thru** - The user enters the visit date range that the report will select records on. This field is required. This field is required.

**Report Level** - The user selects the level of reporting: Agency/Clinic, Local Agency or State. Users at the local agency level will be prevented from generating a State report.

**Report** - The user selects the participants to run the report for: Women or Infants/Children. Default is ‘ALL’.

**Button(s):**

**Previous** – Displays the previous page of the report being previewed.

**Next** – Displays the next page of the report being previewed.

**Run Report** – Clicking on this button allows the user to run the report.

**Cancel** – Clicking on this button allows the user to cancel the report.
### Section 2 - 1.3.42.2  
**Nutritional Risk By Race Report**

- **Report Name:** CR_NUTR_RISK_BY_RACE  
- **Report Date:** MM/DD/YYYY  
- **Local Agency:** XX XX XXXXXXXXXXXXXXXX

**Arizona WIC Program**

**NUTRITIONAL RISK BY RACE**

Visit Date From: MM/DD/YYYY Thru: MM/DD/YYYY  
(Report Level)  
(Report)

**Clinic:** XX XX XXXXXXXXXXXXXXXX

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<th>Race</th>
<th>Screen Anemia #</th>
<th>% at Risk</th>
<th>Screen Underweight #</th>
<th>% at Risk</th>
<th>Screen Short Stature #</th>
<th>% at Risk</th>
<th>Screen Overweight &gt; 17 Yrs #</th>
<th>% at Risk</th>
<th>Screen Overweight &gt; 17 Yrs #</th>
<th>% at Risk</th>
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</tbody>
</table>

**Total:** 999999 999 999999 999 999999 999 999999 999 999999 999

**Figure 339** – Nutritional Risk By Race Report
Calculations:

**Number Evaluated** – Total number of participants evaluated for anthropometric and/or bloodwork risks.

**# at Risk for Anemia** – Number of participants for the race evaluated for anemia.

**% at Risk for Anemia** – Percent of evaluated participants found to be at risk for anemia.

**# at Risk for Underweight** – Number of participants for the race evaluated for underweight.

**% at Risk for Underweight** – Percent of evaluated participants found to be at risk for underweight.

**# at Risk for Short Stature** – Number of participants for the race evaluated for short stature.

**% at Risk for Short Stature** – Percent of evaluated participants found to be at risk for short stature.

**# at Risk for Overweight > 17 yrs.** – Number of participants for the race over the age of 17 evaluated for overweight.

**% at Risk for Overweight > 17 yrs.** – Percent of evaluated participants over the age of 17 found to be at risk for overweight.

**# at Risk for Overweight <= 17 yrs.** – Number of participants 17 or younger for the race evaluated for overweight.

**% at Risk for Overweight <= 17 yrs.** – Percent of evaluated participants 17 or younger found to be at risk for overweight.

**Total (Screen Anemia #)**- Sum(Screen Anemia # column)

**Total (Anemia % at Risk %)** – ((Number of participants found to be at risk for Anemia) / Total (Screen Anemia #)) x 100

**Total (Screen Underweight #)**- Sum(Screen Underweight # column)

**Total (Underweight % at Risk %)** – ((Number of participants found to be at risk for Underweight) / Total (Screen Underweight #)) x 100

**Total (Screen Short Stature #)**- Sum(Screen Short Stature # column)

**Total (Short Stature % at Risk %)** – ((Number of participants found to be at risk for short stature) / Total (Screen Short Stature #)) x 100

**Total (Screen Overweight > 17 #)**- Sum(Screen Overweight > 17 YRS # column)

**Total (Overweight > 17 % at Risk %)** – ((Number of participants over 17 found to be at risk for overweight) / Total (Screen Overweight > 17 #)) x 100

**Total (Screen Overweight <= 17 #)**- Sum(Screen Overweight <= 17 YRS # column)

**Total (Overweight <= 17 % at Risk %)** – ((Number of participants 17 or younger found to be at risk for overweight) / Total (Screen Overweight <= 17 #)) x 100

Background Process(es):

Reports on the last visit with anthropometric and/or bloodwork measures taken within the date range. When running the Women report short stature is reported as 0. When running the combined, short stature only includes infants and children data. When running the Infants/Children report, Overweight > 17 years is reported as 0. The denominator for the percentage calculations is the # of participants screened for that risk.

Participants are counted in this report if they have been assigned the indicated risk factor, for example participants in the overweight column are counted if they have the overweight risk factor. The overweight risk factor is base table driven and assigned based on the entries in the Desirable Weight for Women window.
Section 2 - 1.3.43 : Initial Assessment by Race and Age

Priority: Required

Window: Initial Assessment by Race and Age Window

Report: Yes


Narrative: This window provides information on Participants with nutritional risks at the initial assessment by race and age.

Sort Criteria (Major to Minor):

ORGANIZATIONAL UNIT ORG CODE (ASC)
CATEGORY (ASC)
CLIENT APPLICATION DATE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.43.1 : Initial Assessment by Race and Age Criteria

![Initial Assessment by Race and Age Criteria](image)

**Figure 340** – Initial Assessment by Race and Age Criteria

**Fields:**

- **Output Device** – The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
- **Filename** – The user enters the name of a file that the report is to be saved to. This field is optional.
- **Number of Copies** – The user enters the number of copies of this report to be generated. This field is optional, the default is one.
- **Visit Dates From** – The user enters the date range that the report will select records on. This field is required.
- **Visit Dates Thru** – The user enters the date range that the report will select records on. This field is required.
- **Report Level** – The user selects the level of reporting: Local Agency/Clinic, Local Agency or State. Default is Local Agency/Clinic. Users at the local agency level will be prevented from generating a State report.
- **Report** – The user selects the improvement rate report: Short Stature, Hemoglobin, Overweight, and Underweight.

**Button(s):**

- **Previous** – Displays the previous page of the report being previewed.
- **Next** – Displays the next page of the report being previewed.
- **Run Report** – Clicking on this button allows the user to run the report.
- **Cancel** – Clicking on this button allows the user to cancel the report.
### Section 2 - 1.3.43.2 Initial Assessment by Race and Age – Short Stature Report

**Report Name:** CR_INIT_ASSESSMENTS  
**Report Date:** MM/DD/YYYY  
**Arizona WIC Program:**  
**Initial Assessment by Race and Age – Short Stature Report**  
**Issue Month From:** MM/DD/YYYY  
**Thru:** MM/DD/YYYY  
(Report Level)  

**Local Agency:** XX XXXXXXXXXXXXXXXX  
**Clinic:** XX XXXXXXXXXXXXXXXXXXXX

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<th>Age of Participant</th>
<th>Numb Screen</th>
<th>At Risk No.</th>
<th>At Risk Pct.</th>
<th>--- White ---</th>
<th>Numb Screen</th>
<th>At Risk No.</th>
<th>At Risk Pct.</th>
<th>--- Black or African American ---</th>
<th>Numb Screen</th>
<th>At Risk No.</th>
<th>At Risk Pct.</th>
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<thead>
<tr>
<th>Age of Participant</th>
<th>Numb Screen</th>
<th>At Risk No.</th>
<th>At Risk Pct.</th>
<th>--- American Indian or Alaskan Native ---</th>
<th>Numb Screen</th>
<th>At Risk No.</th>
<th>At Risk Pct.</th>
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<th>Numb Screen</th>
<th>At Risk No.</th>
<th>At Risk Pct.</th>
<th>--- Native Hawaiian or Other Pacific Islander ---</th>
<th>Numb Screen</th>
<th>At Risk No.</th>
<th>At Risk Pct.</th>
</tr>
</thead>
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**Figure 341** – Initial Assessment by Race and Age – Short Stature Report
Section 2 - 1.3.43.3 : Initial Assessment by Race and Age – Overweight Report

Report Name: CR_INIT_ASSESSMENTS
Report Date: MM/DD/YYYY

Arizona WIC System
Detailed Functional Design Document

Arizona WIC Program
INITIAL ASSESSMENT BY RACE AND AGE – OVERWEIGHT
Issue Month From: MM/DD/YYYY Thru: MM/DD/YYYY
(Report Level)

Local Agency: XX XXXXXXXXXXXXXXX
Clinic: XX XXXXXXXXXXXXXXXXXXX

--- White ---
Age of Participant
Numb Screen At Risk No. At Risk Pct.
XXXXXXXXXXXXX 999999 999999 999999
Total: 999999 999999 999999

--- Black or African American ---
Age of Participant
Numb Screen At Risk No. At Risk Pct.
XXXXXXXXXXXXX 999999 999999 999999
Total: 999999 999999 999999

--- American Indian or Alaskan Native ---
Age of Participant
Numb Screen At Risk No. At Risk Pct.
XXXXXXXXXXXXX 999999 999999 999999
Total: 999999 999999 999999

--- Hispanic ---
Age of Participant
Numb Screen At Risk No. At Risk Pct.
XXXXXXXXXXXXX 999999 999999 999999
Total: 999999 999999 999999

--- Asian ---
Age of Participant
Numb Screen At Risk No. At Risk Pct.
XXXXXXXXXXXXX 999999 999999 999999
Total: 999999 999999 999999

--- Native Hawaiian or Other Pacific Islander ---
Age of Participant
Numb Screen At Risk No. At Risk Pct.
XXXXXXXXXXXXX 999999 999999 999999
Total: 999999 999999 999999

--- Total ---
Age of Participant
Numb Screen At Risk No. At Risk Pct.
XXXXXXXXXXXXX 999999 999999 999999
Total: 999999 999999 999999

Figure 342 – Initial Assessment by Race and Age – Overweight Report
### Initial Assessment by Race and Age – Underweight Report

**Report Name:** CR_INIT_ASSESSMENTS  
**Report Date:** MM/DD/YYYY  
**Report No:** CR2417  
**Page:** 999999  
**Local Agency:** XX XXXXXXXXXXXXXXX  
**Clinic:** XX XXXXXXXXXXXXXXXXXXXX  

#### Arizona WIC Program

**INITIAL ASSESSMENT BY RACE AND AGE – UNDERWEIGHT**  
**Issue Month From:** MM/DD/YYYY **Thru:** MM/DD/YYYY  
(Report Level)

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</table>

#### Black or African American

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<th>At Risk Pct.</th>
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#### American Indian or Alaskan Native

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<th>At Risk No.</th>
<th>At Risk Pct.</th>
<th>Total:</th>
</tr>
</thead>
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</tbody>
</table>

#### Native Hawaiian or Other Pacific Islander

<table>
<thead>
<tr>
<th>Age of Participant</th>
<th>Screen</th>
<th>At Risk No.</th>
<th>At Risk Pct.</th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXXXX</td>
<td>999999</td>
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</table>

#### Hispanic

<table>
<thead>
<tr>
<th>Age of Participant</th>
<th>Screen</th>
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<th>At Risk Pct.</th>
<th>Total:</th>
</tr>
</thead>
<tbody>
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#### Total

<table>
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<th>Age of Participant</th>
<th>Screen</th>
<th>At Risk No.</th>
<th>At Risk Pct.</th>
<th>Total:</th>
</tr>
</thead>
<tbody>
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<td>XXXXXXXXXXXXXX</td>
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<tr>
<td>Total:</td>
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</table>

**Figure 343** – Initial Assessment by Race and Age – Underweight Report
### Section 2 - 1.3.43.5: Initial Assessment by Race and Age – Hemoglobin Report

**Report Name:** CR_INIT_ASSESSMENTS  
**Report Date:** MM/DD/YYYY

#### Arizona WIC Program

**INITIAL ASSESSMENT BY RACE AND AGE – HEMOGLOBIN**  
**Issue Month From:** MM/DD/YYYY **Thru:** MM/DD/YYYY  
(Report Level)

<table>
<thead>
<tr>
<th>Local Agency:</th>
<th>Clinic:</th>
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<tbody>
<tr>
<td>XX XXXXXXXXXX</td>
<td>XX XXXXXXXXXX</td>
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</tbody>
</table>

#### Age of Participant

<table>
<thead>
<tr>
<th>Race/Other</th>
<th>Numb</th>
<th>Screen</th>
<th>At Risk No.</th>
<th>At Risk Pct.</th>
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</thead>
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<tr>
<td>--- White ---</td>
<td>Numb</td>
<td>Screen</td>
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<td>At Risk Pct.</td>
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<td>999999</td>
<td>999999</td>
<td>XXXXXXXXXX</td>
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<tr>
<td>Total:</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
</tr>
</tbody>
</table>

| --- Black or African American --- |
| Age of Participant | Numb | Screen | At Risk No. | At Risk Pct. |
| XXXXXXXXXX  | 999999 | 999999 | 999999 | 999999 |
| Total:      | 999999 | 999999 | 999999 | 999999 |

| --- American Indian Or Alaskan Native --- |
| Age of Participant | Numb | Screen | At Risk No. | At Risk Pct. |
| XXXXXXXXXX  | 999999 | 999999 | 999999 | XXXXXXXXXX  |
| Total:      | 999999 | 999999 | 999999 | 999999 |

| --- Asian --- |
| Age of Participant | Numb | Screen | At Risk No. | At Risk Pct. |
| XXXXXXXXXX  | 999999 | 999999 | 999999 | XXXXXXXXXX  |
| Total:      | 999999 | 999999 | 999999 | 999999 |

| --- Hispanic --- |
| Age of Participant | Numb | Screen | At Risk No. | At Risk Pct. |
| XXXXXXXXXX  | 999999 | 999999 | 999999 | 999999 |
| Total:      | 999999 | 999999 | 999999 | 999999 |

| --- Native Hawaiian Or Other Pacific Islander --- |
| Age of Participant | Numb | Screen | At Risk No. | At Risk Pct. |
| XXXXXXXXXX  | 999999 | 999999 | 999999 | XXXXXXXXXX  |
| Total:      | 999999 | 999999 | 999999 | 999999 |

<table>
<thead>
<tr>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of Participant</td>
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<tr>
<td>XXXXXXXXXX</td>
</tr>
</tbody>
</table>

Figure 344 – Initial Assessment by Race and Age – Hemoglobin Report
Calculations:

Numb Screen – The number of participants in the age range screened for the risk.
At Risk No – The number of participants in the age range found to be at risk.
At Risk % - The percentage of participants in the age range found to be at risk. \((\text{At Risk No.} / \text{Numb Screen}) \times 100\)

Total (Numb Screen) – The total number of participants screened for the risk.
Total (At Risk No.) – The total number of participants found to be at risk.
Total (At Risk %) – The percentage of participants found to be at risk. \((\text{Total (At Risk No.)} / \text{Total (Numb Screen)}) \times 100\)

Background Process(es):

None
Enrollment and Certification

Section 2 - 1.3.44  : Participation By Food Package

Priority: Required

Window: Participation By Food Package Window

Report: Yes

FSRD Reference: PP16.2

Narrative: This window provides information on participation by food package. Counts by category and group (Women, Infants, and Children), the number of participants issued food instruments for food packages within one of the following groups:
1. Pregnant/Breastfeeding/Postpartum Women and Children
2. Rebate Infant formula
3. Special formula
4. Non-Rebate formula

The categories reported on are the category of the participant at the time of issuance.

Sort Criteria (Major to Minor):
- ORGANIZATIONAL UNIT ORG CODE (ASC)
- CATEGORY (ASC)
- CLIENT APPLICATION DATE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.44.1  : Participation By Food Package Criteria

**Fields:**

**Output Device** – The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** – The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** – The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Month (MM/YYYY)** – The user enters the month and year the report will be run for. This field is required.

**Report Level** – The user selects the level of reporting: Local Agency/Clinic, Local Agency or State. Default value is ‘LOCAL AGENCY/CLINIC’.

**Button(s):**

**Previous** – Displays the previous page of the report being previewed.

**Next** – Displays the next page of the report being previewed.

**Run Report** – Clicking on this button allows the user to run the report.

**Cancel** – Clicking on this button allows the user to cancel the report.
## Section 2 - 1.3.44.2 : Participation By Food Package Report

**Report Name:** CR_PART_BY_FOOD_PACK  
**Report Date:** MM/DD/YYYY  

**Arizona WIC Program**  
**PARTICIPATION BY FOOD PACKAGE**  
(Report Level)  
For Month Ending: MM/YYYY

### Local Agency: XX XXXXXXXXXXXX

**Pregnant/Breastfeeding/Postpartum Women and Children**

<table>
<thead>
<tr>
<th>Food Package</th>
<th>PG1/PG2</th>
<th>P</th>
<th>EN/PN</th>
<th>Total %</th>
<th>IEN/IPN</th>
<th>IFF</th>
<th>Total %</th>
<th>C1</th>
<th>C2</th>
<th>C3/C4</th>
<th>Total %</th>
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<td>Z</td>
</tr>
</tbody>
</table>

| Special Formula |         |     |       |         |         |     |         |    |    |       |         |
| ZZZ          | Z       | Z  | Z     | Z       | Z       |     | Z       | Z  | Z  | Z     | Z       |
| Subtotal     | Z       | Z  | Z     | Z       | Z       |     | Z       | Z  | Z  | Z     | Z       |

| Non-Rebate Formula |         |     |       |         |         |     |         |    |    |       |         |
| ZZZ          | Z       | Z  | Z     | Z       | Z       |     | Z       | Z  | Z  | Z     | Z       |
| Subtotal     | Z       | Z  | Z     | Z       | Z       |     | Z       | Z  | Z  | Z     | Z       |

| Group |         |     |       |         |         |     |         |    |    |       |         |
| ZZZ | Z       | Z  | Z     | Z       | Z       |     | Z       | Z  | Z  | Z     | Z       |

**Figure 348** – Participation By Food Package Report
Calculations:

Columns

Qty – The count of participants receiving the food package in the category.
Total (group Qty) – The group (women, infants, or children) total for the food package.
Total (group %) – The percentage of participants issued the food package, compared to the total number of participants who were issued any food package in that major food package group.
Total (Qty) – The total count for all groups (women, infants, and children) for the food package within the food package group.
Total (%) – The percentage of this food package within the food package group.

Rows

Subtotals – the number of food packages issued by category, group (women, infants, children) and all.
State/Local Agency totals – the number of food packages issued by category, group (women, infants, children) and all for the State or Local Agency depending on the Report Level chosen.

Background Processes:

Note: A participant may be counted more than once per month if they have been issued more than one food package.
Enrollment and Certification

Section 2 - 1.3.45: Pending Food Package Approval

Priority: Required

Window: Pending Food Package Approval Report Window

Report: Yes


Narrative: This window provides information on pending food package approvals by local agency/clinic.

Sort Criteria (Major to Minor):
- ORGANIZATIONAL ORG CODE (ASC)
- APPROVAL REQ’D BY DATE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.45.1 : Pending Food Package Approval Criteria

Figure 349 – Pending Food Package Approval Criteria

**Fields:**

**Output Device** – The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** – The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** – The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Agency** – The user selects any agency from the list of values. Default is ‘ALL’. If logged into the Local Agency database, then this field defaults to the logged in Agency; no other agency will be presented.

**Clinic** – The user selects any clinic from the list of values. Default is ‘ALL’.

**Button(s):**

**Previous** – Displays the previous page of the report being previewed.

**Next** – Displays the next page of the report being previewed.

**Run Report** – Clicking on this button allows the user to run the report.

**Cancel** – Clicking on this button allows the user to cancel the report.
Section 2 - 1.3.45.2 : Pending Food Package Approval Report

**Report:** CR_FEND_FP_APPR  
**Report Date:** MM/DD/YYYY

---

**Arizona WIC Program**

**Pending Food Package Approval**

**Local Agency:** xxxxxxxxxxxxxxxxxx  
**Clinic:** xxxxxxxxxxxxxxxxxx

---

**Agency:** xx xxxxxxxxxxxxxxxxxx  
**Clinic:** xx xxxxxxxxxxxxxxxxxx

<table>
<thead>
<tr>
<th>Participant ID</th>
<th>Name</th>
<th>Date of Birth</th>
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<tbody>
<tr>
<td>xxxxxxxxxx</td>
<td>xxxxx, xxxxx</td>
<td>MM/DD/YYYY</td>
</tr>
</tbody>
</table>

---

**Figure 350** – Pending Food Package Approval Report

*Calculations:*

None

*Background Process(es):*

The report retrieves all clients that have a current certification and require food package approval.

The report will return clients with pending food package approvals for the following five scenarios:

1. Needs both approvals but both nutritionist flag and physician flag were not checked.
2. Needs nutritionist approval but nutritionist flag is not checked.
3. Needs physician approval but physician flag is not checked.
4. Needs both approvals but only nutritionist flag is checked.
5. Needs both approvals but only physician flag is checked.
Enrollment and Certification

Section 2 - 1.3.46 : Racial/Ethnic Participation ** ADHS removed from menu – 08/04/09 **

Priority: Required

Window: Racial/Ethnic Participation Window

Report: Yes


Narrative: This window provides information on racial/ethnic Participants by local agency/clinic.

Sort Criteria (Major to Minor):
  ORGANIZATIONAL UNIT ORG CODE (ASC)
  CATEGORY (ASC)
  CLIENT APPLICATION DATE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.46.1  

Racial/Ethnic Participation Criteria

Figure 351 – Racial/Ethnic Participation Criteria

Fields:

Output Device – The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
Filename – The user enters the name of a file that the report is to be saved to. This field is optional.
Number of Copies – The user enters the number of copies of this report to be generated. This field is optional, the default is one.
Month – The system will select participants who were issued an FI in this month. This field is required.
FFY – The desired FFY for the report.
Report Level – List box allowing printing of report via a level type (state/local, or local/clinic) reporting. This field is required.

Button(s):

Previous – Displays the previous page of the report being previewed.
Next – Displays the next page of the report being previewed.
Run Report – Clicking on this button allows the user to run the report.
Cancel – Clicking on this button allows the user to cancel the report.
**Section 2 - 1.3.46.2: Racial/Ethnic Participation Report**

Report Name: CR_RACIAL_ETHNIC  
Report Date: MM/DD/YYYY  
Report No. CR428  
Page ZZZ9

---

**Arizona WIC Program**  
RACIALETHNIC PARTICIPATION REPORT  
(report level)  
For Month Ending: MM/DD/YYYY

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<th>C1</th>
<th>C2</th>
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<tr>
<td>Participating</td>
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<td>ZZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
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<td>ZZ9</td>
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<td>ZZ9</td>
<td>ZZ9</td>
</tr>
<tr>
<td>Non Participating</td>
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<td>ZZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
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<td>Total Enrolled</td>
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</tr>
<tr>
<td>Participating</td>
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<td>ZZZ9</td>
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<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
</tr>
<tr>
<td>Non Participating</td>
<td>ZZ9</td>
<td>ZZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
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<td>ZZ9</td>
</tr>
</tbody>
</table>

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**Figure 352 – Racial/Ethnic Participation Report**

---

CMA Consulting Services  
310
Calculations:

Enrolled – The total of participating plus non-participating.
Participating – The total number of participants.
Non-Participating – The total number of non-participants.

Background Process(es):

A participant is counted as participating if she has at least one issued draft in the report month, that has not been voided. Participants included on the State Funded Participation Report will not be included in the counts for this report.
If the participant has only voided drafts, is not terminated, and is in a valid certification period in the report month, the participant is counted as non-participating. If the participant has a terminated status or is not in a valid certification period for the report month, the participant is not counted on the report.
Breastfed infants with no food package are counted as participating if they are in a valid certification period and have not been terminated. The counts are accumulated under the appropriate race and category for the infant.
**Enrollment and Certification**

**Section 2 - 1.3.47**: Unduplicated Count of Participants By Program

**Priority**: Required

**Window**: Unduplicated Count of Participants By Program Window

**Report**: Yes


**Narrative**: This window provides an unduplicated count of Participants by program. This report must be run on the Central database as caseload detail information does not get passed down to the local agencies.

**Sort Criteria (Major to Minor)**:
- ORGANIZATIONAL UNIT ORG CODE (ASC)
- CATEGORY (ASC)
- CLIENT APPLICATION DATE (ASC)

**Data Current As Of**: Run Time

**Frequency**: On Demand

**Role(s)**: Enrollment and Certification
Section 2 - 1.3.47.1 : Unduplicated Count of Participants By Program Criteria

Figure 353 – Unduplicated Count of Participants By Program Criteria

Fields:

Output Device – The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
Filename – The user enters the name of a file that the report is to be saved to. This field is optional.
Number of Copies – The user enters the number of copies of this report to be generated. This field is optional, the default is one.
Visit Date From/Thru – The user enters the visit date range to run the report for. This field is required.
Report Level – The user selects the level of reporting: Agency/Clinic, Local Agency, and State. This field is required.

Button(s):

Previous – Displays the previous page of the report being previewed.
Next – Displays the next page of the report being previewed.
Run Report – Clicking on this button allows the user to run the report.
Cancel – Clicking on this button allows the user to cancel the report.
Section 2 - 1.3.47.2 Unduplicated Count of Participants By Program Report

Report Name: CR_UNDUP_COUNT_PART
Report Date: MM/DD/YYYY

Arizona WIC Program
UNDUPLICATED COUNT OF PARTICIPANTS BY PROGRAM
Issue Month From: MM/DD/YYYY Thru: MM/DD/YYYY
(Report Level)

Local Agency: XX Xxxxxxxxxxxxxxxxxxxxxxx

<table>
<thead>
<tr>
<th>Age of Participant</th>
<th>WIC PGM</th>
<th>CSF PGM</th>
<th>WIC Not Elig</th>
<th>CSF Not Elig</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXXX</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
</tr>
<tr>
<td>XXXXXXXXXXXXX</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
</tr>
<tr>
<td>Total:</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
</tr>
</tbody>
</table>

--- White ---

<table>
<thead>
<tr>
<th>Age of Participant</th>
<th>WIC PGM</th>
<th>CSF PGM</th>
<th>WIC Not Elig</th>
<th>CSF Not Elig</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXXX</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
</tr>
<tr>
<td>XXXXXXXXXXXXX</td>
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<td>999999</td>
<td>999999</td>
<td>999999</td>
</tr>
<tr>
<td>Total:</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
</tr>
</tbody>
</table>

--- Black or African American ---

<table>
<thead>
<tr>
<th>Age of Participant</th>
<th>WIC PGM</th>
<th>CSF PGM</th>
<th>WIC Not Elig</th>
<th>CSF Not Elig</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXXX</td>
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<tr>
<td>XXXXXXXXXXXXX</td>
<td>999999</td>
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<td>999999</td>
<td>999999</td>
<td>999999</td>
</tr>
<tr>
<td>Total:</td>
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<td>999999</td>
<td>999999</td>
<td>999999</td>
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</tbody>
</table>

--- American Indian Or Alaskan Native ---

<table>
<thead>
<tr>
<th>Age of Participant</th>
<th>WIC PGM</th>
<th>CSF PGM</th>
<th>WIC Not Elig</th>
<th>CSF Not Elig</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXXX</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
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<tr>
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<td>999999</td>
<td>999999</td>
<td>999999</td>
</tr>
<tr>
<td>Total:</td>
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<td>999999</td>
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</tr>
</tbody>
</table>

--- Hispanic ---

<table>
<thead>
<tr>
<th>Age of Participant</th>
<th>WIC PGM</th>
<th>CSF PGM</th>
<th>WIC Not Elig</th>
<th>CSF Not Elig</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXXX</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
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<tr>
<td>Total:</td>
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<td>999999</td>
<td>999999</td>
<td>999999</td>
</tr>
</tbody>
</table>

--- Asian ---

<table>
<thead>
<tr>
<th>Age of Participant</th>
<th>WIC PGM</th>
<th>CSF PGM</th>
<th>WIC Not Elig</th>
<th>CSF Not Elig</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXXX</td>
<td>999999</td>
<td>999999</td>
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<td>999999</td>
<td>999999</td>
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<tr>
<td>XXXXXXXXXXXXX</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
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<td>999999</td>
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<tr>
<td>Total:</td>
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<td>999999</td>
<td>999999</td>
<td>999999</td>
</tr>
</tbody>
</table>

--- Native Hawaiian Or Other Pacific Islander ---

<table>
<thead>
<tr>
<th>Age of Participant</th>
<th>WIC PGM</th>
<th>CSF PGM</th>
<th>WIC Not Elig</th>
<th>CSF Not Elig</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXXX</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
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<tr>
<td>XXXXXXXXXXXXX</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
</tr>
<tr>
<td>Total:</td>
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<td>999999</td>
<td>999999</td>
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<td>999999</td>
</tr>
</tbody>
</table>

--- Total ---

<table>
<thead>
<tr>
<th>Age of Participant</th>
<th>WIC PGM</th>
<th>CSF PGM</th>
<th>WIC Not Elig</th>
<th>CSF Not Elig</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
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<tr>
<td>Total:</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
<td>999999</td>
</tr>
</tbody>
</table>

Clinic: XX Xxxxxxxxxxxxxxxxxxxxxxx

Figure 354 – Unduplicated Count of Participants By Program Report
Calculations:

WIC PGM – Count of unduplicated WIC participants by program by age and race.
CSF PGM – Count of unduplicated CSF participants by program by age and race. This count will be zero as there is no procedure in AIM to calculate CSF participation.
WIC Not Elig – Total number of participants evaluated and found not eligible for the WIC program.
CSF Not Elig – Total number of participants evaluated and found not eligible for the CSF program. This count will be zero as there is no procedure in AIM to calculate CSF participation.
Total (Row) – Total number of participants (unduplicated) for the age range.
Total (Column) – Column total (unduplicated).

Background Processes:

Reports on the last program certification period within the date range entered.
**Enrollment and Certification**

[CO 5]

**Section 2 - 1.3.48**: Smoking Status at 6 Months Post-partum by Age and Race

**Priority**: Required

**Window**: Smoking Status at 6 Months Post-partum by Age and Race Initiation Window

**Report**: Yes

**FSRD Reference**: EP 9.3, PP16.2

**Narrative**:

This Window produces a summary report of 6 month postpartum participant’s smoking status by age and race.

**Sort Criteria (Major to Minor):**

- ORGANIZATIONAL UNIT CODE (ASC)

**Data Current As Of**: Run Time

**Frequency**: On Demand

**Role(s)**: Enrollment and Certification
Section 2 - 1.3.48.1 : Smoking Status at 6 Months Post-partum by Age and Race Criteria

Figure 355 – Smoking Status at 6 Months Post-partum by Age and Race Criteria

Fields:

- **Output Device** – The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
- **Filename** – The user enters the name of a file that the report is to be saved to. This field is optional.
- **Number of Copies** – The user enters the number of copies of this report to be generated. This field is optional, the default is one.
- **Report Level** – The user selects the level of reporting: State, Local Agency, Local Agency//Clinic or State/Local Agency. The default value is ‘STATE’.

Button(s):

- **Previous** – Displays the previous page of the report being previewed.
- **Next** – Displays the next page of the report being previewed.
- **Run Report** – Clicking on this button allows the user to run the report.
- **Cancel** – Clicking on this button allows the user to cancel the report.
Section 2 - 1.3.48.2 : Smoking Status at 6 Months Post-partum by Age and Race

<table>
<thead>
<tr>
<th>Age &amp; Race</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Change</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
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<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
</tr>
<tr>
<td>Increased</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
</tr>
<tr>
<td>Quit</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
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<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
</tr>
<tr>
<td>Decreased</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
</tr>
<tr>
<td>Total</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
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<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
</tr>
</tbody>
</table>

Table 356 – Smoking Status at 6 Months Post-partum by Age and Race
Calculation(s):

**No Change No.** – Count (6 month postpartum participants with no smoking change)

**No Change %** - (No Change No. / Total No.) x 100

**Increased No.** – Count (6 month postpartum participants with smoking increase)

**Increased %** - (Increased No. / Total No.) x 100

**Quit No.** – Count (6 month postpartum participants that quit smoking)

**Quit %** - (Quit No. / Total No.) x 100

**Decreased No.** – Count (6 month postpartum participants with smoking decrease)

**Decreased %** - (Decreased No. / Total No.) x 100

**Total Impact No.** – Quit No. + Decreased No.

**Total Impact %** - (Total Impact No/ Total No.) x 100

**Total** – Count (6 month postpartum participants that smoked 3 months prior to pregnancy)

**Started No.** – Count (6 month postpartum participants that didn’t smoke 3 months before pregnancy and have started smoking)

**With HH Smokers No.** – Count (6 month postpartum participant non-smokers that live with another smoker)

**Without HH Smokers No.** – Count (6 month postpartum participant non-smokers that live with non-smokers)

Background Processes:

The ‘No Change’ column is the number and percent of smokers that smoked the same amount at 6 months postpartum as 3 months prior to pregnancy.

The ‘Increased’ column is the number and percent of smokers that smoked more cigarettes daily at 6 months postpartum as 3 months prior to pregnancy.

The ‘Decreased’ column is the number and percent of smokers that smoked less cigarettes daily at 6 months postpartum as 3 months prior to pregnancy.

The ‘Quit’ column is the number and percent of smokers that answered No to the “Do you currently smoke, Even a Puff?” question at the 6 month postpartum visit and Yes to the “Did you smoke during the 3 months before you became pregnant?” question.

The ‘Total Impact’ column is the number and percent of smokers that decreased or quit smoking.

The ‘Total’ column is the total number of 6 month postpartum participants who smoked 3 months prior to pregnancy.

The ‘Started’ column is the number and percent of non-smokers that started smoking since 3 months before becoming pregnant.

The ‘With HH Smokers’ is the number and percent of non-smokers that live with someone that smokes.

The ‘Without HH Smokers’ is the number and percent of non-smokers that live with non-smokers.

A smoker is defined as a women that answered Yes to the “Did you smoke during the 3 months before you became pregnant?” question in the health history function at the 6 month postpartum visit.

A household smoker is determined by answering Yes to the “Does anyone who lives with you smoke?” question in the health history function at the 6 month postpartum visit.

The 6 month postpartum visit health history record is used and the response to the “On average, how many cigarettes per day do you currently smoke?” question is compared to the response to the “On average, how many cigarettes per day did you smoke?” (3 months before you became pregnant).
The smoking history record used for the 6 month postpartum visit is the smoking history record when the infant is between 25 and 34 weeks of age. When multiple smoking history records exist in the time period the one nearest to 6 months of age is used.
Enrollment and Certification

*** THIS REPORT WAS ORIGINALLY SCHEDULED FOR IMPLEMENTATION INTO AIM AS PART OF CHANGE ORDER 5. HOWEVER, IT WAS LATER REMOVED FROM THE CHANGE ORDER AND WAS NOT IMPLEMENTED IN AIM.

Section 2 - 1.3.49 : Birth Weight by Trimester Enrolled and Smoking Status

Priority: Required

Window: Birth Weight by Trimester Enrolled and Smoking Status Initiation Window

Report: Yes


Narrative:

This Window produces a summary report of postpartum participant’s smoking status and birth weight by trimester enrolled in WIC.

Sort Criteria (Major to Minor):
  ORGANIZATIONAL UNIT CODE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.49.1 : Birth Weight by Trimester Enrolled and Smoking Status Criteria

Fields:

Output Device – The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
Filename – The user enters the name of a file that the report is to be saved to. This field is optional.
Number of Copies – The user enters the number of copies of this report to be generated. This field is optional, the default is one.
Report Level – Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

Button(s):

Previous – Displays the previous page of the report being previewed.
Next – Displays the next page of the report being previewed.
Run Report – Clicking on this button allows the user to run the report.
Cancel – Clicking on this button allows the user to cancel the report.
### Section 2 - 1.3.49.2: Birth Weight by Trimester Enrolled and Smoking Status

**Report Date:** MM/DD/YYYY  
**Report #:** X XXXXXXXXX

#### Arizona WIC Program

**Birth Weight by Trimester Enrolled and Smoking Status**  
(Report Level)

| Agency: XX XXXXXXXXXXX |

<table>
<thead>
<tr>
<th>Trimester Enrolled and smoking status</th>
<th>VLBW &lt;1500 gr</th>
<th>LBW &lt;2500 gr</th>
<th>Normal BW ≥2500 gr</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled first trimester (13-15 wks)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smokers who quit by end of pg</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
</tr>
<tr>
<td>Smokers who decreased by end of pg</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
</tr>
<tr>
<td>Subtotal</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
</tr>
<tr>
<td>Smokers who made no change by end of pg</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
</tr>
<tr>
<td>Smokers who increased or started</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
</tr>
<tr>
<td>Total smokers enrolled in 1st trimester</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
</tr>
<tr>
<td>Non-smoker with HH smoker</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
</tr>
<tr>
<td>Non-smoker without HH smoker</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
</tr>
<tr>
<td>Total non-smokers enrolled in 1st trimester</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
</tr>
</tbody>
</table>

| Enrolled second trimester (16-26 wks) |
| Smokers who quit by end of pg         | ZZ9           | ZZ9          | ZZ9               | ZZ9   |
| Smokers who decreased by end of pg    | ZZ9           | ZZ9          | ZZ9               | ZZ9   |
| Subtotal                              | ZZ9           | ZZ9          | ZZ9               | ZZ9   |
| Smokers who made no change by end of pg| ZZ9          | ZZ9          | ZZ9               | ZZ9   |
| Smokers who increased or started      | ZZ9           | ZZ9          | ZZ9               | ZZ9   |
| Total smokers enrolled in 2nd trimester| ZZ9          | ZZ9          | ZZ9               | ZZ9   |
| Non-smoker with HH smoker             | ZZ9           | ZZ9          | ZZ9               | ZZ9   |
| Non-smoker without HH smoker          | ZZ9           | ZZ9          | ZZ9               | ZZ9   |
| Total non-smokers enrolled in 2nd trimester | ZZ9 | ZZ9 | ZZ9 | ZZ9 |

| Enrolled third trimester (27-36 wks)  |
| Smokers who quit by end of pg         | ZZ9           | ZZ9          | ZZ9               | ZZ9   |
| Smokers who decreased by end of pg    | ZZ9           | ZZ9          | ZZ9               | ZZ9   |
| Subtotal                              | ZZ9           | ZZ9          | ZZ9               | ZZ9   |
| Smokers who made no change by end of pg| ZZ9          | ZZ9          | ZZ9               | ZZ9   |
| Smokers who increased or started      | ZZ9           | ZZ9          | ZZ9               | ZZ9   |
| Total smokers enrolled in 3rd trimester| ZZ9          | ZZ9          | ZZ9               | ZZ9   |
| Non-smoker with HH smoker             | ZZ9           | ZZ9          | ZZ9               | ZZ9   |
| Non-smoker without HH smoker          | ZZ9           | ZZ9          | ZZ9               | ZZ9   |
| Total non-smokers enrolled in 3rd trimester | ZZ9 | ZZ9 | ZZ9 | ZZ9 |

| Totals                               |
| Smokers who quit by end of pg         | ZZ9           | ZZ9          | ZZ9               | ZZ9   |
| Smokers who decreased by end of pg    | ZZ9           | ZZ9          | ZZ9               | ZZ9   |
| Subtotal                              | ZZ9           | ZZ9          | ZZ9               | ZZ9   |
| Smokers who made no change by end of pg| ZZ9          | ZZ9          | ZZ9               | ZZ9   |
| Smokers who increased or started      | ZZ9           | ZZ9          | ZZ9               | ZZ9   |
| Total smokers who quit by end of pg   | ZZ9           | ZZ9          | ZZ9               | ZZ9   |

**Figure 357 – Birth Weight by Trimester Enrolled and Smoking Status**
Section 2 - 1.3.49.3  Smoking Status and Trimester Enrolled in WIC by Birth Weight

This page intentionally left blank.
Calculation(s):

Total (Column) = VLBW + LBW + Normal BW

Background Processes:

The first smoking history record after the delivery of the infant is queried for this information. The trimester the participant was enrolled in is determined by querying the first pregnancy smoking history date and comparing it to the expected delivery date.

The ‘Smokers who quit by end of pg’ row is the number of smokers that answered No to the “Do you currently smoke, Even a Puff?” question at the 1st postpartum visit and Yes to the “Did you smoke during the 3 months before you became pregnant?” question.

The ‘Smokers who decreased by end of pg’ row is the number of smokers that decreased the number of cigarettes smoked daily at the 1st postpartum visit as 3 months prior to pregnancy.

The ‘Subtotal’ row is the number of smokers that quit or decreased smoking by the end of the pregnancy.

The ‘Smokers who made no change by end of pg’ row is the number of smokers that smoked the same amount at the end of the pregnancy as they did at 3 months prior to the pregnancy.

The ‘Smokers who increased or started’ row is the number of smokers that started smoking or smoked more cigarettes daily at the 1st postpartum visit as they did at 3 months prior to pregnancy.

The ‘Total smokers enrolled in X trimester’ row is the number of participants that were smokers 3 months prior to pregnancy. (This does not include those that started smoking during the pregnancy)

The ‘Non-smoker with HH smoker’ row is the number of non-smokers that live with someone that smokes.

The ‘Non-smoker without HH smoker’ row is the number of non-smokers that live with non-smokers.

A smoker is defined as a women that answered Yes to the “Did you smoke during the 3 months before you became pregnant?” question in the health history function.

A household smoker is determined by answering Yes to the ‘Does anyone who lives with you smoke?’ question in the health history function.

The 1st postpartum visit (either during the pregnancy certification period or the postpartum/breastfeeding certification period) smoking history record is used and the response to the “On average, how many cigarettes per day do you currently smoke?” question is compared to the response to the “On average, how many cigarettes per day did you smoke?” (3 months before you became pregnant) question.
Enrollment and Certification

Section 2 - 1.3.50  : Smoking Status at 6 months Post-partum by Type of Intervention

Priority: Required

Window: Smoking Status at 6 months Post-partum by Type of Intervention Window.

Report: Yes


Narrative:
This Window produces a summary report of 6 month postpartum participant’s smoking status by referral organizations that the participant was referred to by WIC.

Sort Criteria (Major to Minor):
  ORGANIZATIONAL UNIT CODE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.50.1 : Smoking Status at 6 Months Post-partum By Type of Intervention

Fields:

Output Device – The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
Filename – The user enters the name of a file that the report is to be saved to. This field is optional.
Number of Copies – The user enters the number of copies of this report to be generated. This field is optional, the default is one.
Report Level – The user selects the level of reporting: State, Local Agency, Local Agency/Clinic or State/Local Agency.

Button(s):

Previous – Displays the previous page of the report being previewed.
Next – Displays the next page of the report being previewed.
Run Report – Clicking on this button allows the user to run the report.
Cancel – Clicking on this button allows the user to cancel the report.
Section 2 - 1.3.50.2: Smoking Status at 6 Months Post-partum By Where WIC Referred Participant

Report Date: MM/DD/YYYY

Report #

Arizona WIC Program
Smoking Status at 6 Months Post-partum By Where WIC Referred Participant
(Report Level)

Agency: XX XXXXXXXXXX

Referral

------------------------------ Smokers Before Pregnancy -------------------

<table>
<thead>
<tr>
<th>Referral</th>
<th>Started</th>
<th>With HH Smokers</th>
<th>Without HH Smokers</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Change</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Local</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Local &amp; ASHline</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>None</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
</tbody>
</table>

Figure 358 – Smoking Status at 6 Months Post-partum By Where WIC Referred Participant

Calculations:

See the calculations defined in the ‘Smoking Status at 6 Months Post-partum by Age and Race’ report.

Background Processes:

See the background processes defined in the ‘Smoking Status at 6 Months Post-partum by Age and Race’ report.
**Enrollment and Certification**

*** THIS REPORT WAS ORIGINALLY SCHEDULED FOR IMPLEMENTATION INTO AIM AS PART OF CHANGE ORDER 5. HOWEVER, IT WAS LATER REMOVED FROM THE CHANGE ORDER AND WAS NOT IMPLEMENTED IN AIM.

Section 2 - 1.3.51 : Smoking Status at 6 months Post-partum by Number of Previous Live Births and whether ever on WIC Before

**Priority**: Required

**Window**: Smoking Status at 6 months Post-partum by Number of Previous Live Births and whether ever on WIC Before Initiation Window

**Report**: Yes

**FSRD Reference**: EP 9.3, PP16.2

**Narrative**:

This Window produces a summary report on the smoking status of 6 month postpartum participants previously on WIC by the number of previous live births.

**Sort Criteria (Major to Minor)**:

ORGANIZATIONAL UNIT CODE (ASC)

**Data Current As Of**: Run Time

**Frequency**: On Demand

**Role(s)**: Enrollment and Certification
Section 2 - 1.3.51.1 : Smoking Status at 6 months Post-partum by number of Previous Births and whether ever on WIC Before Criteria

**Fields:**

- **Output Device** – The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
- **Filename** – The user enters the name of a file that the report is to be saved to. This field is optional.
- **Number of Copies** – The user enters the number of copies of this report to be generated. This field is optional, the default is one.
- **Report Level** – Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

**Button(s):**

- **Previous** - Displays the previous page of the report being previewed.
- **Next** - Displays the next page of the report being previewed.
- **Run Report** - Clicking on this button allows the user to run the report.
- **Cancel** - Clicking on this button allows the user to cancel the report.
### Section 2 - 1.3.51.2 : Smoking Status at 6 months Post-partum by number of Previous Births and whether ever on WIC Before

### Report Date:  MM/DD/YYYY

#### Arizona WIC Program

Smoking Status at 6 Months Post-partum by Number of Previous Births and Whether Ever on WIC Before

(Report Level)

<table>
<thead>
<tr>
<th>Prior WIC &amp; Number of Previous Live Births (6 mo PP)</th>
<th>Smokers Before Pregnancy</th>
<th>Non-Smokers Before Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Change</td>
<td>Increased</td>
<td>Quit</td>
</tr>
<tr>
<td>On WIC Before</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>1</td>
<td>ZZ2</td>
<td>ZZ9</td>
</tr>
<tr>
<td>2</td>
<td>ZZ2</td>
<td>ZZ9</td>
</tr>
<tr>
<td>3</td>
<td>ZZ2</td>
<td>ZZ9</td>
</tr>
<tr>
<td>4</td>
<td>ZZ2</td>
<td>ZZ9</td>
</tr>
<tr>
<td>5 or more</td>
<td>ZZ2</td>
<td>ZZ9</td>
</tr>
<tr>
<td>Total</td>
<td>ZZ2</td>
<td>ZZ9</td>
</tr>
<tr>
<td>Never on WIC Before</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>0</td>
<td>ZZ2</td>
<td>ZZ9</td>
</tr>
<tr>
<td>1</td>
<td>ZZ2</td>
<td>ZZ9</td>
</tr>
<tr>
<td>2</td>
<td>ZZ2</td>
<td>ZZ9</td>
</tr>
<tr>
<td>3</td>
<td>ZZ2</td>
<td>ZZ9</td>
</tr>
<tr>
<td>4</td>
<td>ZZ2</td>
<td>ZZ9</td>
</tr>
<tr>
<td>5 or more</td>
<td>ZZ2</td>
<td>ZZ9</td>
</tr>
<tr>
<td>Total</td>
<td>ZZ2</td>
<td>ZZ9</td>
</tr>
<tr>
<td>Total</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>1</td>
<td>ZZ2</td>
<td>ZZ9</td>
</tr>
<tr>
<td>2</td>
<td>ZZ2</td>
<td>ZZ9</td>
</tr>
<tr>
<td>3</td>
<td>ZZ2</td>
<td>ZZ9</td>
</tr>
<tr>
<td>4</td>
<td>ZZ2</td>
<td>ZZ9</td>
</tr>
<tr>
<td>5 or more</td>
<td>ZZ2</td>
<td>ZZ9</td>
</tr>
</tbody>
</table>

**Figure 359** - Smoking Status at 6 months Post-partum by number of Previous Births and ever on WIC Before
Calculations

See the calculations defined in the ‘Smoking Status at 6 Months Post-partum by Age and Race’ report.

Background Processes

See the background processes defined in the ‘Smoking Status at 6 Months Post-partum by Age and Race’ report.
Enrollment and Certification

Section 2 - 1.3.52 : Smoking Status at 6 months Post-partum by Birth Weight

Priority: Required

Window: Smoking Status at 6 months Post-partum by Birth Weight Initiation Window

Report: Yes


Narrative:

This Window produces a summary report on the smoking status of 6 month postpartum participant’s by birth weight.

Sort Criteria (Major to Minor):
  ORGANIZATIONAL UNIT CODE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.52.1: Smoking Status at 6 Months Post-partum by Birth Weight Criteria

Figure 360 - Smoking Status at 6 Months Post-partum by Birth Weight Criteria

Fields:

Output Device - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
Filename - The user enters the name of a file that the report is to be saved to. This field is optional.
Number of Copies - The user enters the number of copies of this report to be generated. This field is optional, the default is one.
Report Level - The user selects the level of reporting: State, Local Agency, Local Agency/Clinic or State/Local Agency.

Button(s):

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.
### Section 2 - 1.3.52.2 : Smoking Status at 6 Months Post-partum by Birth Weight

**Report Date: MM/DD/YYYY**  
**Report #:**

---

**Arizona WIC Program**  
**Smoking Status at 6 Months Post-partum by birth weight**  
*(Report Level)*

<table>
<thead>
<tr>
<th>Agency:</th>
<th>XX XXXXXXXXXX</th>
</tr>
</thead>
</table>

**Birth Weight**  
(at 6 mo PP)

<table>
<thead>
<tr>
<th>Birth Weight</th>
<th>Smokers Before Pregnancy</th>
<th>Non-Smokers Before Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No Change</td>
<td>Increased</td>
</tr>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Very Low (&lt;1500 gr. or 3 lbs 5 oz)</td>
<td>ZZZ</td>
<td>ZZ.9</td>
</tr>
<tr>
<td>Low Birth Weight (&lt;2500 gr. or 5 lbs 8 oz)</td>
<td>ZZZ</td>
<td>ZZ.9</td>
</tr>
<tr>
<td>Normal Birth Weight (&gt;=5lbs 8 oz)</td>
<td>ZZZ</td>
<td>ZZ.9</td>
</tr>
<tr>
<td>Total</td>
<td>ZZZ</td>
<td>ZZ.9</td>
</tr>
</tbody>
</table>

---

**Figure 361 - Smoking Status at 6 Months Post-partum by Birth Weight**

Calculations

See the calculations defined in the ‘Smoking Status at 6 Months Post-partum by Age and Race’ report.

**Background Processes**

See the background processes defined in the ‘Smoking Status at 6 Months Post-partum by Age and Race’ report.
Section 2 - 1.3.53 : Smoking Status at 6 months Post-partum by Education and Income

Priority: Required

Window: Smoking Status at 6 months Post-partum by Education and Income Initiation Window

Report: Yes


Narrative:

This Window produces a summary report on the smoking status of 6 month postpartum participant’s by education and income.

Sort Criteria (Major to Minor):
ORGANIZATIONAL UNIT CODE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.53.1: Smoking Status at 6 Months Post-partum by Education and Income Criteria

Fields:

Output Device - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
Filename - The user enters the name of a file that the report is to be saved to. This field is optional.
Number of Copies - The user enters the number of copies of this report to be generated. This field is optional, the default is one.
Report Level - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

Button(s):

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.
Section 2 - 1.3.53.2 : Smoking Status at 6 Months Post-partum by Education and Income

Report Date: MM/DD/YYYY
Report #

Arizona WIC Program
Smoking Status at 6 Months Post-partum by Education and Income
(Report Level)

Agency: XX XXXXXXXXXX

<table>
<thead>
<tr>
<th>Last Year of School Completed? (at 6 mo PP)</th>
<th>Smokers Before Pregnancy</th>
<th>Non-Smokers Before Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>%</td>
</tr>
<tr>
<td>&lt; 12th Grade and &lt;= 17 Yrs. Below Poverty</td>
<td>ZZ9</td>
<td>ZZ.9</td>
</tr>
<tr>
<td>Adjunct. Elig. Above Poverty</td>
<td>ZZ9</td>
<td>ZZ.9</td>
</tr>
<tr>
<td>&lt; 12th Grade and &gt; 17 Yrs. Below Poverty</td>
<td>ZZ9</td>
<td>ZZ.9</td>
</tr>
<tr>
<td>Adjunct. Elig. Above Poverty</td>
<td>ZZ9</td>
<td>ZZ.9</td>
</tr>
<tr>
<td>12th Grade, all Ages Below Poverty</td>
<td>ZZ9</td>
<td>ZZ.9</td>
</tr>
<tr>
<td>Adjunct. Elig. Above Poverty</td>
<td>ZZ9</td>
<td>ZZ.9</td>
</tr>
<tr>
<td>&gt; 12th Grade, all Ages Below Poverty</td>
<td>ZZ9</td>
<td>ZZ.9</td>
</tr>
<tr>
<td>Adjunct. Elig. Above Poverty</td>
<td>ZZ9</td>
<td>ZZ.9</td>
</tr>
</tbody>
</table>

Figure 362 - Smoking Status at 6 Months Post-partum by Education and Income
Calculations

See the calculations defined in the ‘Smoking Status at 6 Months Post-partum by Age and Race’ report.

Background Processes

For the rows referring to the age and education level, the system accesses the Age of the postpartum participant and the education level of the authorized representative.

See the background processes defined in the ‘Smoking Status at 6 Months Post-partum by Age and Race’ report for additional background information.
Enrollment and Certification

*** THIS REPORT WAS ORIGINALLY SCHEDULED FOR IMPLEMENTATION INTO AIM AS PART OF CHANGE ORDER 5. HOWEVER, IT WAS LATER REMOVED FROM THE CHANGE ORDER AND WAS NOT IMPLEMENTED IN AIM.

Section 2 - 1.3.54: Smoking Status by 6 months Post-partum by How Many Cigarettes Smoked Before Pregnancy

Priority: Required

Window: Smoking Status by 6 months Post-partum by how Many Cigarettes Smoked Before Pregnancy Initiation Window

Report: Yes


Narrative:

This Window produces a summary report on the smoking status of 6 month postpartum participant’s by the number of cigarettes smoked per day before the pregnancy began.

Sort Criteria (Major to Minor):

ORGANIZATIONAL UNIT CODE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.54.1  : Smoking Status at 6 Months Post-partum by How Many Cigarettes Smoked Before Pregnancy Criteria

![Figure 363 - Smoking Status at 6 Months Post-partum by How Many Cigarettes Smoked Before Pregnancy Criteria](image)

**Fields:**

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

**Button(s):**

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.
### Section 2 - 1.3.54.2 : Smoking Status at 6 Months Post-partum by How Many Cigarettes Smoked Before Pregnancy

**Arizona WIC Program**

Smoking Status at 6 Months Post-partum by How many cigarettes smoked before pregnant (Report Level)

<table>
<thead>
<tr>
<th>Number of Cigs 3 mo Prior to Pregnancy</th>
<th>Smokers Before Pregnancy</th>
<th>Non-Smokers Before Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>(at 6 mo PP)</td>
<td>No Change</td>
<td>Increased</td>
</tr>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>00</td>
<td>ZZ9</td>
<td>ZZ.9</td>
</tr>
<tr>
<td>&lt;10</td>
<td>ZZ9</td>
<td>ZZ.9</td>
</tr>
<tr>
<td>10-20</td>
<td>ZZ9</td>
<td>ZZ.9</td>
</tr>
<tr>
<td>&gt;20</td>
<td>ZZ9</td>
<td>ZZ.9</td>
</tr>
<tr>
<td>Total</td>
<td>ZZ9</td>
<td>ZZ.9</td>
</tr>
</tbody>
</table>

**Figure 364** - Smoking Status at 6 Months Post-partum by How Many Cigarettes Smoked Before Pregnancy
Calculations

See the calculations defined in the ‘Smoking Status at 6 Months Post-partum by Age and Race’ report.

Background Processes

See the background processes defined in the ‘Smoking Status at 6 Months Post-partum by Age and Race’ report.
Enrollment and Certification

*** THIS REPORT WAS ORIGINALLY SCHEDULED FOR IMPLEMENTATION INTO AIM AS PART OF CHANGE ORDER 5. HOWEVER, IT WAS LATER REMOVED FROM THE CHANGE ORDER AND WAS NOT IMPLEMENTED IN AIM.

Section 2 - 1.3.55 : Smoking Status at 6 months Post-partum by Prior Miscarriage and Living with a Smoker

Priority: Required

Window: Smoking Status at 6 months Post-partum by Prior Miscarriage and Living with a Smoker Initiation Window

Report: Yes


Narrative:

This Window produces a summary report on the smoking status of 6 month postpartum participant’s by history of prior miscarriage(s) and household smoking.

Sort Criteria (Major to Minor):
ORGANIZATIONAL UNIT CODE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.55.1: Smoking Status at 6 months Post-partum by Prior Miscarriage and Living with a Smoker
Criteria

Fields:

Output Device - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
Filename - The user enters the name of a file that the report is to be saved to. This field is optional.
Number of Copies - The user enters the number of copies of this report to be generated. This field is optional, the default is one.
Report Level - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

Button(s):

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.
Section 2 - 1.3.55.2 : Smoking Status at 6 months Post-partum by Prior Miscarriage and Living with a Smoker

Report Date: MM/DD/YYYY

Report #

Arizona WIC Program

Smoking Status at 6 Months Post-partum by Prior Miscarriage and living with a smoker
(Report Level)

Agency: XX XXXXXXXXXXX

<table>
<thead>
<tr>
<th>Miscarriage?</th>
<th>Hx of miscarriage</th>
<th>No Hx of miscarriage</th>
<th>Live with smoker</th>
<th>Do not live with smoker</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live with smoker</td>
<td>No Change</td>
<td>Increased</td>
<td>Quit</td>
<td>Decreased</td>
<td>Total Impact</td>
</tr>
<tr>
<td>Smokers Before Pregnancy</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Without HH Smokers</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Hx of miscarriage</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
</tr>
<tr>
<td>Live with smoker</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
</tr>
<tr>
<td>Do not live with smoker</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
</tr>
<tr>
<td>Total</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
</tr>
<tr>
<td>No Hx of miscarriage</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
</tr>
<tr>
<td>Live with smoker</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
</tr>
<tr>
<td>Do not live with smoker</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
</tr>
<tr>
<td>Total</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
</tr>
<tr>
<td>Total</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
<td>ZZ9</td>
</tr>
</tbody>
</table>

Figure 365 - Smoking Status at 6 months Post-partum by Prior Miscarriage and Living with a Smoker
Calculations

See the calculations defined in the ‘Smoking Status at 6 Months Post-partum by Age and Race’ report.

Background Processes

The system determines the History of Miscarriage by accessing the response to the "Have you Ever Had: A still birth or a miscarriage on or after 20 weeks of pregnancy" question in the Women Health History window.

For additional information see the background processes defined in the ‘Smoking Status at 6 Months Post-partum by Age and Race’ report.
Enrollment and Certification

Section 2 - 1.3.56 : Smoking Status at 6 months Post-partum by Type of Intervention

Priority: Required

Window: Smoking Status at 6 months Post-partum by Type of Intervention Initiation Window

Report: Yes


Narrative:

This Window produces a summary report on the smoking status of 6 month postpartum participant’s by type of intervention.

Sort Criteria (Major to Minor):
  ORGANIZATIONAL UNIT CODE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.56.1 : Smoking Status at 6 months Post-partum by Type of Intervention Criteria

Fields:

Output Device - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
Filename - The user enters the name of a file that the report is to be saved to. This field is optional.
Number of Copies - The user enters the number of copies of this report to be generated. This field is optional, the default is one.
Report Level - The user selects the level of reporting: State, Local Agency, Local Agency/Clinic or State/Local Agency.

Button(s):

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.
**Section 2 - 1.3.56.2 :** Smoking Status at 6 months Post-partum by Type of Intervention

**Report Name:** CR_SMK_TYPE_INTERV

**Report Date:** MM/DD/YYYY

---

**Arizona WIC Program**

**Smoking Status at 6 Months Post-partum by Type of Intervention (Report Level)**

**Agency:** XX XXXXXXXXXXX

**Clinic:** XX XXXXXXXXXXX

---

<table>
<thead>
<tr>
<th>Intervention Type</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashline (Arizona Smokers Helpline)</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
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<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
</tr>
<tr>
<td>Local TEPP Project</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
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<tr>
<td>No Smoking Intervention</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
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<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
</tr>
<tr>
<td>WIC and Ashline</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
</tr>
<tr>
<td>WIC and Local Resources</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
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<td>ZZZ</td>
<td>ZZ.9</td>
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<td>ZZ.9</td>
</tr>
<tr>
<td>WIC Tobacco Counseling only</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
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<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
</tr>
<tr>
<td>WIC, Ashline, and Local Resources</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
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<td>ZZ.9</td>
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<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
<td>ZZZ</td>
<td>ZZ.9</td>
</tr>
</tbody>
</table>

---

**Figure 367 - Smoking Status at 6 months Post-partum by Type of Intervention**

**Calculations**

See the calculations defined in the ‘Smoking Status at 6 Months Post-partum by Age and Race’ report.

**Background Processes**

The system accesses the response to the ‘Smoking Referral’ question in the Women Health History window to determine the Intervention.

For more information see the background processes defined in the ‘Smoking Status at 6 Months Post-partum by Age and Race’ report.
Enrollment and Certification

Section 2 - 1.3.57 : Among Smokers Change in Stage of Readiness to Change

Priority: Required

Window: Among Smokers Change in Stage of Readiness to Change Initiation Window

Report: Yes


Narrative:

This Window produces a summary report on the smoking status of postpartum participants by smoking stages of change at 6 weeks and 6 months postpartum.

Sort Criteria (Major to Minor):

  ORGANIZATIONAL UNIT CODE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.57.1  : Among Smokers, Change in Stage of Readiness to Change Criteria

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - The user selects the level of reporting: State, Local Agency or Clinic.

**Button(s):**

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.
### Section 2 - 1.3.57.2 : Among Smokers, Change in Stage of Readiness to Change

**Report Name:** CR_SMK_CHG_IN_STG  
**Report Date:** MM/DD/YY  
**Agency:** XX  
** Clinic:** XX

#### Arizona WIC Program
**Among Smokers, change in stage of readiness to change**  
(Report Level)

<table>
<thead>
<tr>
<th>Stage of change at pg screen</th>
<th>Stage of change at 6 wk pp visit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Qty</td>
</tr>
<tr>
<td>Not ready (N)</td>
<td>ZZZ9</td>
</tr>
<tr>
<td>Thinking about it (T)</td>
<td>ZZZ9</td>
</tr>
<tr>
<td>Recent Quitter (Q)</td>
<td>ZZZ9</td>
</tr>
<tr>
<td>Unknown or blank</td>
<td>ZZZ9</td>
</tr>
<tr>
<td>Total</td>
<td>ZZZ9</td>
</tr>
</tbody>
</table>

#### From pregnancy to 6 WEEKS postpartum

#### From pregnancy to 6 MONTHS postpartum

---

**Figure 369** - Among Smokers, Change in Stage of Readiness to Change
Calculations

- Count(participants by stage of change)
- (%) - (# / row total) x 100
- **Total # (Column)** - Row Total
- **Total % (Column)** - 100% (Row %)
- **Total # (Row)** - Column Total
- **Total % (Row)** - (Total # (Row) / Total # (Column)) x 100

Background Processes

The information for the ‘From pregnancy to 6 Weeks postpartum’ section of the report is gathered by querying the smoking history record between the delivery date and 6 weeks after the delivery date. In the event there are more than one smoking history record during this time period the record closest to 6 weeks is used.

The information for the ‘From pregnancy to 6 Months postpartum’ section of the report is gathered by querying the smoking history record between 26 and 36 weeks after the delivery date. In the event there are more than one smoking history record during this time period the record closest to 26 weeks is used.

The ‘Not Ready (N)’ row is the number of smokers that selected ‘Not Ready’ to the ‘Have you thought about quitting or cutting back on smoking?’ question at the first health history during the pregnancy.

The ‘Thinking about it (T)’ row is the number of smokers that selected ‘Thinking about it’ to the ‘Have you thought about quitting or cutting back on smoking?’ question.

The ‘Recent Quitter (Q)’ row is the number of smokers that selected ‘Recent Quitter’ to the ‘Have you thought about quitting or cutting back on smoking?’ question.

The ‘Unknown or blank’ row is the number of smokers that do not have a smoking history record within the time frames defined for this report, Delivery date - 6 weeks and 26 - 36 weeks after the delivery date.

The ‘Total’ row is the number of smokers of all stages of change.

A smoker is defined as a women that answered Yes to the ‘Did you smoke during the 3 months before you became pregnant?’ question in the health history function.
Enrollment and Certification

Section 2 - 1.3.58 : Birth Weight By Mother’s Smoking Status, Age, and Baby’s Gestational Age

Priority: Required

Window: Birth Weight By Mother’s Smoking Status, Age, and Baby’s Gestational Age Initiation Window.

Report: Yes


Narrative:

This Window produces a summary report on the smoking status of infant birth weight by smoking status, mother’s age and infant’s gestational age.

Sort Criteria (Major to Minor):
    ORGANIZATIONAL UNIT CODE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.58.1: Birth Weight By Mother’s Smoking Status, Age, and Baby’s Gestational Age Criteria

Figure 368.1 - Birth Weight By Mother’s Smoking Status, Age, and Baby’s Gestational Age report window
Fields:

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - The user selects the level of reporting: State, Local Agency or Clinic.

Button(s):

- **Previous** - Displays the previous page of the report being previewed.
- **Next** - Displays the next page of the report being previewed.
- **Run Report** - Clicking on this button allows the user to run the report.
- **Cancel** - Clicking on this button allows the user to cancel the report.

Calculations

- **VLBW** - Count (participants born weighing less than 1500 grams)
- **LBW** - Count (participants born weighing less than 2500 grams)
- **NBW** - Count (participants born weighing 2500 grams or more)
- **Total (column)** - Sum (VLBW, LBW, NBW)
- **Total (row)** - Sum (Preterm, Term)
- **Gestational Age** - Round(40 - ((Expected Delivery Date found in mother's last pregnancy certification - Actual Delivery Date in mother's current breastfeeding/postpartum certification) / 7))

Background Processes

The preterm gestational age is defined as 37 weeks or less, the term gestational age is defined as more than 37 weeks.

The ‘Mothers who smoked anytime during pregnancy’ section of the report is determined by a Yes response to the “Did you smoke anytime during your pregnancy?” question from the first postpartum visit.

The ‘Mothers who smoked in the last trimester’ section of the report is determined by a Yes response to the “Did you smoke during the last 3 months of your pregnancy?” question from the first postpartum visit.

The ‘Non-Smoking Moms’ section of the report is determined by a No response to the “Do you currently or have you ever smoked?” question from the first postpartum visit.

The first postpartum visit is the first smoking history record entered after the delivery date, this could occur during the last 6 weeks of the pregnancy certification period or the postpartum certification period.
Enrollment and Certification

*** THIS REPORT WAS ORIGINALLY SCHEDULED FOR IMPLEMENTATION INTO AIM AS PART OF CHANGE ORDER 5. HOWEVER, IT WAS LATER REMOVED FROM THE CHANGE ORDER AND WAS NOT IMPLEMENTED IN AIM.

Section 2 - 1.3.59 : Breastfeeding Duration Compared to Smoking Cessation Duration

Priority: Required

Window: Breastfeeding Duration Compared to Smoking Cessation Duration Initiation Window

Report: Yes


Narrative:

This Window produces a summary report on the smoking status of 6 month postpartum participant’s by breastfeeding duration and smoking cessation duration.

Sort Criteria (Major to Minor):

ORGANIZATIONAL UNIT CODE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.59.1 : Breastfeeding Duration Compared to Smoking Cessation Duration Criteria

Fields:

Output Device - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
Filename - The user enters the name of a file that the report is to be saved to. This field is optional.
Number of Copies - The user enters the number of copies of this report to be generated. This field is optional, the default is one.
Report Level - The user selects the level of reporting: State, Local Agency, LA/Clinic, State/Local Agency

Button(s):

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.
### Section 2 - 1.3.59.2 : Breastfeeding Duration Compared to Smoking Cessation Duration

**Arizona WIC System**

**Detailed Functional Design Document**

**Report Date:** MM/DD/YYYY  
**Page:** ZZZ9

---

**Arizona WIC Program**

**Breastfeeding Duration Compared to Smoking Cessation Duration**  
(Report Level)

**Agency:** XX XXXXXXXXXXX

---

**Figure 370 - Breastfeeding Duration Compared to Smoking Cessation Duration**

<table>
<thead>
<tr>
<th>Weeks Breastfed</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never breastfed</td>
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<td>ZZ.9</td>
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<td>ZZ.9</td>
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<tr>
<td>1 week</td>
<td>ZZ9</td>
<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
</tr>
<tr>
<td>2 weeks</td>
<td>ZZ9</td>
<td>ZZ.9</td>
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<td>ZZ.9</td>
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<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
</tr>
<tr>
<td>3 weeks</td>
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<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
</tr>
<tr>
<td>4 weeks (1 mo)</td>
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<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
</tr>
<tr>
<td>5-6 weeks</td>
<td>ZZ9</td>
<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
</tr>
<tr>
<td>7-8 weeks</td>
<td>ZZ9</td>
<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
</tr>
<tr>
<td>9-10 weeks (2 mos)</td>
<td>ZZ9</td>
<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
</tr>
<tr>
<td>11-12 weeks</td>
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<td>ZZ.9</td>
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<td>ZZ.9</td>
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<tr>
<td>13-16 weeks (3 mos)</td>
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<td>ZZ9</td>
<td>ZZ.9</td>
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<tr>
<td>17-20 weeks (4 mos)</td>
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<td>21-25 weeks (5 mos)</td>
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<td>ZZ.9</td>
</tr>
<tr>
<td>26-29 weeks (6 mos)</td>
<td>ZZ9</td>
<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
</tr>
<tr>
<td>6 mo pp, BF&lt;50%</td>
<td>ZZ9</td>
<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
</tr>
<tr>
<td>6 mo pp, BF&gt;50%</td>
<td>ZZ9</td>
<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
</tr>
<tr>
<td>Total</td>
<td>ZZ9</td>
<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
<td>ZZ9</td>
<td>ZZ.9</td>
</tr>
</tbody>
</table>
Calculations

**No.** - Count(participants who were not smoking at the time period indicated by the column header)

% - (No. / Count(participant smokers by 00 cigs in time period for all breastfeeding durations)) x 100 (This column will add up to 100%)

**Total No.(column)** - Count(participants that quit smoking during any of the time periods indicated by the column headers and breastfeeding duration)

**Total %(Column)** - (Total No. / Count(participants that quit smoking during any of the time periods indicated by the column headers and all breastfeeding durations)

**Total No.(row)** - (Column total), Total Count(participants that quit smoking during the time periods indicated by the column headers)

Background Processes

This report includes only those that responded Yes to the “Did you smoke during the 3 months before you became pregnant?” question in the health history function at the 6 months postpartum visit.

The smoking history record used for the 6 month postpartum visit is the smoking history when the infant is between 26 and 36 weeks of age. When multiple smoking history records exist in the time period the one nearest to 26 weeks of age is used.

The smoking history record used for the 6 week postpartum visit is the smoking history record when the infant is between 0 and 6 weeks of age. When multiple smoking history records exist in the time period the one nearest to 6 weeks of age is used.

The smoking history record used for the first postpartum visit is the first smoking history record of the infant after the actual delivery date.

The ‘00 cigs last 3 mo’ column is the number and percent of breastfeeding participants that were smokers three months before becoming pregnant, but during the last three months of pregnancy did not smoke, by breastfeeding duration. A response of No to the “Did you smoke during the last 3 months of pregnancy?” question at the first postpartum visit is used to determine this value.

The ‘00 cigs @ 6 wks pp’ column is the number and percent of breastfeeding participants that were smokers three months before becoming pregnant, but at the 6 weeks postpartum visit were no longer smoking, by breastfeeding duration. A response of No to the “Do you currently smoke, Even a Puff?” question at the 6 week postpartum visit is used to determine this value.

The ‘00 cigs @ 6 mo pp’ column is the number and percent of breastfeeding participants that were smokers three months before becoming pregnant, but at the 6 month postpartum visit were no longer smoking, by breastfeeding duration. A response of No to the “Do you currently smoke, Even a Puff?” question at the 6 month postpartum visit is used to determine this value.

The ‘Total’ column is the total number and percentage of participant smokers that quit smoking during the last three months of pregnancy, 6 weeks postpartum, or 6 months postpartum by breastfeeding duration.
**Enrollment and Certification**

**Section 2 - 1.3.60**: 2 x 2 Tables to Show relapse at Different Points in Time

**Priority**: Required

**Window**: 2 x 2 Tables to Show relapse at Different Points in Time Initiation Window

**Report**: Yes

**FSRD Reference**: EP 9.3, PP16.2

**Narrative**: This Window produces a summary report displaying 2 x 2 Tables to Show relapse at Different Points in Time.

**Sort Criteria (Major to Minor)**: ORGANIZATIONAL UNIT CODE (ASC)

**Data Current As Of**: Run Time

**Frequency**: On Demand

**Role(s)**: Enrollment and Certification
Section 2 - 1.3.60.1 : 2 x 2 Tables to Show relapse at Different Points in Time Criteria

NOT IN SYSTEM

Fields:

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - The user selects the level of reporting: State, Local Agency, Local Agency or State/Local Agency.

Button(s):

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.
### Section 2 - 1.3.60.2 : 2 x 2 Tables to Show relapse at Different Points in Time

Report Date: MM/DD/YYYY

#### Arizona WIC Program

2x2 tables to show relapse at different points in time

(Report Level)

Agency: XX XXXXXXXXXX

Among Women who smoked 3 months prior to Pregnancy

<table>
<thead>
<tr>
<th></th>
<th>Smoked last 3 months of pg</th>
<th>Did not smoke last 3 mo of pg</th>
<th>Totals</th>
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<td><strong>A.</strong></td>
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<td>Smoked at 6 wk pp</td>
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<td>Did not smoke at 6 wk pp</td>
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Among Women who smoked 3 months prior to Pregnancy and during the last trimester

<table>
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<th>Smoked at 6 wk pp</th>
<th>Did not smoke at 6 wk pp</th>
<th>Totals</th>
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<td><strong>B.</strong></td>
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<td>ZZ.9 %</td>
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</table>
Figure 371 - 2 x 2 Tables to Show relapse at Different Points in Time
Calculations

The following notation is used for the calculations and background processing.

A1 = The data found at the ‘Smoked at 6 wk pp’ row and the ‘Smoked last 3 months of pg’ column in the upper left of the top(A) half of the report.
A2 = The data found at the ‘Smoked at 6 wk pp’ row and the ‘Did not Smoke last 3 months of pg’ column in the upper right of the top(A) half of the report.
A3 = The data found at the ‘Did not Smoke at 6 wk pp’ row and the ‘Smoked last 3 months of pg’ column in the lower left of the top(A) half of the report.
A4 = The data found at the ‘Did not Smoke at 6 wk pp’ row and the ‘Did not Smoke last 3 months of pg’ column in the lower right of the top(A) half of the report.
B1 = The data found at the ‘Smoked at 6 mo pp’ row and the ‘Smoked at 6 wk pp’ column in the upper left of the bottom(B) half of the report.
B2 = The data found at the ‘Smoked at 6 mo pp’ row and the ‘Did not Smoke at 6 wk pp’ column in the upper right of the bottom(B) half of the report.
B3 = The data found at the ‘Did not Smoke at 6 mo pp’ row and the ‘Smoked at 6 wk pp’ column in the lower left of the bottom(B) half of the report.
B4 = The data found at the ‘Did not Smoke at 6 mo pp’ row and the ‘Did not Smoke at 6 wk pp’ column in the lower right of the bottom(B) half of the report.

Within each cell, (A1, A2, ...) the report lists three values from top to bottom, these numbers are referred to as Count, Row%, Column%.

For example, here is portion of the top half of the report with labels for the A1 and A2 cells.

<table>
<thead>
<tr>
<th>Smoked at 6 wk pp</th>
<th>A1 Count</th>
<th>A2 Count</th>
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<tr>
<td>Smoked last 3 mo of pg</td>
<td>A1 Row%</td>
<td>A2 Row%</td>
</tr>
<tr>
<td></td>
<td>A1 Column%</td>
<td>A2 Column%</td>
</tr>
</tbody>
</table>

...  

A1 Count - Count(participants who smoked through pregnancy and at 6 wk postpartum visit)
A1 Row% - (A1 Count / A1 Count + A2 Count) x 100
A1 Column% - (A1 Count / A1 Count + A3 Count) x 100

A2 Count - Count(participants who quit smoking by end of pregnancy, but were smoking at 6 wk postpartum visit)
A2 Row% - (A2 Count / A1 Count + A2 Count) x 100
A2 Column% - (A2 Count / A2 Count + A4 Count) x 100

A3 Count - Count(participants who smoked through pregnancy and quit at 6 wk postpartum visit)
A3 Row% - (A3 Count / A3 Count + A4 Count) x 100
A3 Column% - (A3 Count / A1 Count + A3 Count) x 100

A4 Count - Count(participants who quit smoking by end of pregnancy and was not smoking at 6 wk postpartum visit)
A4 Row% - (A4 Count / A4 Count + A3 Count) x 100
A4 Column% - (A4 Count / A2 Count + A4 Count) x 100

B1 Count - Count(participants who smoked through pregnancy and at 6 mo postpartum visit)
B1 Row% - (B1 Count / B1 Count + B2 Count) x 100
B1 Column% - (B1 Count / B1 Count + B3 Count) x 100
B2 Count - Count(participants who quit smoking by 6 wk postpartum visit, but were smoking at 6 mo postpartum visit)
B2 Row% - (B2 Count / B1 Count + B2 Count) x 100
B2 Column% - (B2 Count / B2 Count + B4 Count) x 100

B3 Count - Count(participants who smoked at 6 wk postpartum visit, but quit at 6 mo postpartum visit)
B3 Row% - (B3 Count / B3 Count + B4 Count) x 100
B3 Column% - (B3 Count / B1 Count + B3 Count) x 100

B4 Count - Count(participants who quit smoking by 6 wk postpartum visit and was still not smoking at 6 mo postpartum visit)
B4 Row% - (B4 Count / B4 Count + B3 Count) x 100
B4 Column% - (B4 Count / B2 Count + B4 Count) x 100

Total - Row count

Background Processes

The top half of the report, section A, includes only those that responded Yes to the “Did you smoke during the 3 months before you became pregnant?” question in the health history function at the 6 months postpartum visit.

The bottom half of the report, section B, includes only those that responded Yes to the “Did you smoke during the 3 months before you became pregnant?” and the “Did you smoke during the last 3 months of your pregnancy?” questions in the health history function at the 6 months postpartum visit.

The smoking history record used for the 6 month postpartum visit is the smoking history record of the infant when the infant is between 26 and 36 weeks of age. When multiple smoking history records exist in the time period the one nearest to 26 weeks of age is used. The response to the “Do you currently smoke, Even a Puff?” question is used to determine whether or not the participant has quit smoking.

The smoking history record used for the 6 week postpartum visit is the smoking history record when the infant is between 0 and 6 weeks of age. When multiple smoking history records exist in the time period the one nearest to 6 weeks of age is used. The response to the “Do you currently smoke, Even a Puff?” question is used to determine whether or not the participant has quit smoking.
Section 2 - 1.3.61  : Caseload Plus Categories

Priority:  Required

Window:  Caseload Plus Categories

Narrative:

A count of the number of participants determined to be participating broken down by race and status and priority and status.

Totals: A participant is counted if they have at least one issued food instrument that has not been voided in the report month, or they are exclusively Breastfed infants. Participants who also appeared on the State Funded Participation Report are omitted from the report.

Participants with Unknown status are distributed proportionately among the valid status totals for Unknown priority and race. The totals for Unknown race are then distributed proportionately among the totals for valid races while Unknown priority totals are not distributed.

It should be noted that to include all of the late pick ups the report should be run at least seven days after the first of the month following the participation that you want to see.

The report on the second page will identify the number of IPN, PN, IPN Plus and PN Plus participants for a given period of time. The report also shows, how many participants switched from IPN or PN to IPN Plus or PN Plus during the requested time period.

Sort Criteria (Major to Minor):  O_ORGANIZATIONAL_UNIT.ORG_CODE

Data Current As Of:  Parameters

Frequency:  On Demand

Role(s):  Enrollment and Certification
Section 2 - 1.3.61.1 Caseload Plus Categories Parameter Screen

**Figure 372** - Caseload Plus Categories Parameter Screen

**Fields:**

**Output Device** - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.

**Filename** - The user enters the name of a file that the report is to be saved to. This field is optional.

**Number of Copies** - The user enters the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - The user selects the level of reporting: Local Agency/Clinic, Local Agency or State. Default value is ‘Local Agency/Clinic’.

**Agency** - The user selects any agency from the list of values. Default is ‘ALL’. If logged into the Local Agency database, then this field defaults to the logged in Agency; no other agency will be presented.

**Clinic** - The user selects a corresponding clinic from the list of values. Default is ‘ALL’

**Issuance Participation Month** - The user may enter the month that the report will select records on. Default is ‘OCT’.

**FFY** - The user may enter the year that the report will select records on. This field is required.
### Section 2 - 1.3.61.2 Caseload Plus Categories Report

#### Arizona WIC Program

**Report Name:** CR CASELOAD PLUS  
**Local Agency Name:** XXXXXXXXXXXX  
**Issue Participation Month:** MMY  
**FFY:** YYYY  
**Report Date:** MM/DD/YYYY

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#### Participation by Priority

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CMA Consulting Services  
370  
August 2010
### Local Agency: 99 XXXXXXXXXXXXXXXXXXXXX
### Clinic: 99 XXXXXXXXXXXXXXXXXXXXX

#### Women Totals

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#### Infant Totals

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<tr>
<td>IFF</td>
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</tr>
<tr>
<td>IEN</td>
<td>999999</td>
</tr>
<tr>
<td>IPN</td>
<td>999999</td>
</tr>
<tr>
<td>IPN Plus ages 0 to 5 months</td>
<td>999999</td>
</tr>
<tr>
<td>IPN Plus ages 6 to 12 months</td>
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#### Category Switch Totals

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<td><strong>Total</strong></td>
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---

**Figure 373** – Caseload Plus Categories Report
Calculations:

**PCT** - $(\text{COUNT(Ethnic Group)}) / (\text{COUNT(Participants)})$

Total (count) of women participating.
Total (count) of women non participating.
Total (count) of women.
Total % of women participating.
Total % of women non participating.
Total % of women.
Total (count) of infants participating.
Total (count) of infants non participating.
Total (count) of infants.
Total % of infants participating.
Total % of infants non participating.
Total % of infants.
Total (count) of children participating.
Total (count) of children non participating.
Total (count) of children.
Total % of children participating.
Total % of children non participating.
Total % of children.
Total (count) of other participating.
Total (count) of other non participating.
Total (count) of other.
Total % of other participating.
Total % of other non participating.
Total % of other.
Total (count) of women, infants, children and other participating.
Total (count) of women, infants, children and other non participating.
Total (count) of women, infants, children and other.
Total (count) of Breastfed no pkg participating.
Total (count) of number of participants who did not cash FI’s participating.
Total (count) of number of enrolled bi-monthly.
Total percent of enrolled.

**Women Totals**

$EN = \text{Total (count) of ‘EN’ participating}$
$PN = \text{Total (count) of ‘PN’ participating}$
$PN Plus = \text{Total (count) of ‘PN PLUS’ participating}$
$P = \text{Total (count) of ‘PN PLUS’ participating}$

Total women = Total (count) of women participating (not pregnant)

**Infant Totals**

$IFF = \text{Total (count) of ‘IFF’ participating}$
$IEN = \text{Total (count) of ‘IEN’ participating}$
$IPN = \text{Total (count) of ‘PN’ participating}$
$IPN Plus ages 0 to 5 months = \text{Total (count) of ‘IPN PLUS’ participating, within the age 0 to 5 months during the Fiscal Year/Month}$
IPN Plus ages 6 to 12 months = Total (count) of ‘IPN PLUS’ participating, within the age 6 to 12 months during the Fiscal Year/Month

Total Infants = Total (count) of infants participating (not pregnant)

Category Switch Totals:

IPN to IPN Plus = Total (count) of participants who switched from ‘IPN’ to ‘IPN+’ category during the Fiscal Year/Month
IPN Plus to IPN = Total (count) of participants who switched from ‘IPN+’ to ‘IPN’ category during the Fiscal Year/Month

PN to IPN Plus = Total (count) of participants who switched from ‘IPN’ to ‘IPN+’ category during the Fiscal Year/Month
IPN Plus to IPN = Total (count) of participants who switched from ‘IPN+’ to ‘IPN’ category during the Fiscal Year/Month

Total = Total (count) of all Plus category switches during the Fiscal Year/Month

**Background Processes:** None
Enrollment and Certification

Section 2 - 1.3.62 : Duplicate Records Report

Priority: Required

Window: Duplicate Records Report

Narrative:

The Duplicate Records report will print out the data that has been moved to the new duplicate table (C_DUP_CLIENTS’ in AIM. This report will be reviewed to identify which records should be removed from the database permanently.

The report will retrieve all of the records currently in the Duplicate Table grouped by Agency and Clinic and sorted by Last Name then First Name.

Sort Criteria (Major to Minor): O_ORGANIZATIONAL_UNIT.ORG_CODE, C_DUP_CLIENTS.CLIENT_ID

Data Current As Of: Parameters

Frequency: On Demand

Role(s): Enrollment and Certification
Section 2 - 1.3.62.1 Duplicate Records Report Parameter Screen

Figure 374 – Duplicate Records Report Parameter Screen

Fields:

Output Device - The user selects the output device the report will be sent to from the list of values: Preview, Screen, Printer, HTML, RTF or PDF. The default is display.
Filename - The user enters the name of a file that the report is to be saved to. This field is optional.
Number of Copies - The user enters the number of copies of this report to be generated. This field is optional, the default is one.
Local Agency - The user selects any agency from the list of values. Default is ‘ALL’. If logged into the Local Agency database, then this field defaults to the logged in Agency; no other agency will be presented.
Clinic - The user selects a corresponding clinic from the list of values. Default is ‘ALL’
Section 2 - 1.3.62.2 Duplicate Records Report

Report Layout

Report Name: cr_remove_dup
Report Date: 11/01/2007

Arizona WIC Program
Duplicate Records Report

Database: XXXXX
User: XXXXX
Page: ZZ9 of ZZ9

Local Agency: XXXXXXXXXXXXXXXX
Clinic: XXXXXXXXXXXXXXXXX

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Figure 375 – Duplicate Records Report

Sort by Local Agency and Clinic, then Client ID

[END CO 5]
### List of Figures

<table>
<thead>
<tr>
<th>Figure</th>
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</tr>
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<tr>
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</tr>
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<td>Services Scheduled / Kept by Category Criteria</td>
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</tr>
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<td>Services Scheduled / Kept by Category Report</td>
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</tr>
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</tr>
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<td>Monitoring Visits Scheduled Report</td>
<td>230</td>
</tr>
<tr>
<td>302</td>
<td>Monitoring Visits Scheduled Summary Report</td>
<td>231</td>
</tr>
<tr>
<td>303</td>
<td>List of Missed Appointments Criteria</td>
<td>234</td>
</tr>
<tr>
<td>304</td>
<td>List of Missed Appointments Report</td>
<td>235</td>
</tr>
<tr>
<td>305</td>
<td>List of Missed Appointments Summary Report</td>
<td>236</td>
</tr>
<tr>
<td>306</td>
<td>Precertified New Enrollments Form</td>
<td>239</td>
</tr>
<tr>
<td>307</td>
<td>New Enrollment Wait Time Report</td>
<td>240</td>
</tr>
<tr>
<td>308</td>
<td>Ineligibility Listing Criteria</td>
<td>243</td>
</tr>
<tr>
<td>309</td>
<td>Ineligibility Listing Report</td>
<td>244</td>
</tr>
<tr>
<td>310</td>
<td>Ineligibility Listing Summary Report</td>
<td>245</td>
</tr>
<tr>
<td>311</td>
<td>Income Eligibility Criteria</td>
<td>248</td>
</tr>
<tr>
<td>312</td>
<td>Income Eligibility Report</td>
<td>249</td>
</tr>
<tr>
<td>313</td>
<td>Incomplete / Precertification Listing Criteria</td>
<td>252</td>
</tr>
<tr>
<td>314</td>
<td>Incomplete / Precertification Listing Report</td>
<td>253</td>
</tr>
<tr>
<td>315</td>
<td>Incomplete / Precertification Listing Summary</td>
<td>253</td>
</tr>
<tr>
<td>316</td>
<td>Referrals To Listing Criteria</td>
<td>256</td>
</tr>
<tr>
<td>317</td>
<td>Referrals To Listing Summary Report</td>
<td>258</td>
</tr>
<tr>
<td>318</td>
<td>Local Agency Wait Listed Applicants Criteria</td>
<td>260</td>
</tr>
<tr>
<td>319</td>
<td>Local Agency Wait Listed Applicants Report</td>
<td>261</td>
</tr>
<tr>
<td>320</td>
<td>Improvement Rate at Re-Certification Visit by Risk Criteria</td>
<td>264</td>
</tr>
<tr>
<td>321</td>
<td>Improvement Rate at Re-Certification Visit by Risk Report</td>
<td>265</td>
</tr>
<tr>
<td>322</td>
<td>CSFP Distribution Master Listing Criteria</td>
<td>268</td>
</tr>
<tr>
<td>323</td>
<td>CSFP Distribution Master Listing Report</td>
<td>269</td>
</tr>
<tr>
<td>324</td>
<td>CSFP Distribution Write In Sheet</td>
<td>270</td>
</tr>
<tr>
<td>325</td>
<td>Follow-up Assessment Criteria</td>
<td>272</td>
</tr>
<tr>
<td>326</td>
<td>Follow-Up Assessment - Short Stature Report</td>
<td>273</td>
</tr>
<tr>
<td>327</td>
<td>Follow-Up Assessment - Hemoglobin Report</td>
<td>274</td>
</tr>
<tr>
<td>328</td>
<td>Follow-Up Assessment - Overweight Report</td>
<td>275</td>
</tr>
<tr>
<td>329</td>
<td>Follow-Up Assessment - Underweight Report</td>
<td>276</td>
</tr>
<tr>
<td>330</td>
<td>CSFP Certifications Due Criteria</td>
<td>279</td>
</tr>
<tr>
<td>331</td>
<td>CSFP Certifications Due Report</td>
<td>280</td>
</tr>
<tr>
<td>332</td>
<td>Low Birth Weight Criteria</td>
<td>283</td>
</tr>
<tr>
<td>333</td>
<td>Low Birth Weight Report</td>
<td>284</td>
</tr>
<tr>
<td>334</td>
<td>Nutritional Risk Summary Criteria</td>
<td>287</td>
</tr>
<tr>
<td>335</td>
<td>Nutritional Risk Summary Report</td>
<td>288</td>
</tr>
<tr>
<td>336</td>
<td>Nutritional Risk By Race Criteria</td>
<td>291</td>
</tr>
<tr>
<td>337</td>
<td>Nutritional Risk By Race Report</td>
<td>292</td>
</tr>
<tr>
<td>338</td>
<td>Initial Assessment by Race and Age Criteria</td>
<td>295</td>
</tr>
<tr>
<td>339</td>
<td>Initial Assessment by Race and Age – Short Stature Report</td>
<td>296</td>
</tr>
<tr>
<td>340</td>
<td>Initial Assessment by Race and Age – Underweight Report</td>
<td>298</td>
</tr>
<tr>
<td>341</td>
<td>Initial Assessment by Race and Age – Hemoglobin Report</td>
<td>299</td>
</tr>
<tr>
<td>342</td>
<td>Participation By Food Package Criteria</td>
<td>302</td>
</tr>
<tr>
<td>343</td>
<td>Participation By Food Package Report</td>
<td>303</td>
</tr>
<tr>
<td>344</td>
<td>Pending Food Package Approval Criteria</td>
<td>306</td>
</tr>
</tbody>
</table>
Figure 350 – Pending Food Package Approval Report .......................................................... 307
Figure 351 – Racial/Ethnic Participation Criteria .................................................................. 309
Figure 352 – Racial/Ethnic Participation Report .................................................................. 310
Figure 353 – Unduplicated Count of Participants By Program Criteria .................................. 313
Figure 355 – Smoking Status at 6 Months Post-partum by Age and Race Criteria .................. 317
Figure 356 – Smoking Status at 6 Months Post-partum by Age and Race .............................. 318
Figure 357 – Birth Weight by Trimester Enrolled and Smoking Status .................................... 323
Figure 358 – Smoking Status at 6 Months Post-partum By Where WIC Referred Participant .... 328
Figure 359 - Smoking Status at 6 months Post-partum by number of Previous Births and ever on WIC Before ................................................................. 331
Figure 360 - Smoking Status at 6 Months Post-partum by Birth Weight Criteria .................... 334
Figure 361 - Smoking Status at 6 Months Post-partum by Birth Weight ................................. 335
Figure 362 - Smoking Status at 6 Months Post-partum by Education and Income .................. 338
Figure 363 - Smoking Status at 6 Months Post-partum by How Many Cigarettes Smoked Before Pregnancy Criteria ................................................................. 341
Figure 364 - Smoking Status at 6 Months Post-partum by How Many Cigarettes Smoked Before Pregnancy ................................................................. 342
Figure 365 - Smoking Status at 6 months Post-partum by Prior Miscarriage and Living with a Smoker ......................................................................................... 346
Figure 366 - Smoking Status at 6 months Post-partum by Type of Intervention Criteria ........... 349
Figure 367 - Smoking Status at 6 months Post-partum by Type of Intervention ...................... 350
Figure 368 - Among Smokers, Change in Stage of Readiness to Change Criteria .................... 352
Figure 369 - Among Smokers, Change in Stage of Readiness to Change ............................... 353
Figure 370 - Breastfeeding Duration Compared to Smoking Cessation Duration ................. 360
Figure 371 - 2 x 2 Tables to Show relapse at Different Points in Time ...................................... 365
Figure 372 - Caseload Plus Categories Parameter Screen ...................................................... 369
Figure 373 – Caseload Plus Categories Report ..................................................................... 371
Figure 374 – Duplicate Records Report Parameter Screen .................................................. 375
Figure 375 – Duplicate Records Report .................................................................................. 376